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| Fill in this information to identify your case:                                 |   |                                    |
|---|---|------------------------------------|
| United States Bankruptcy Court for the:  Northern District of: Illinois (State) | _   |                                    |
| Case number (if known)  | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is an amended filing |

#### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself                        |                            |   |
|--|----------------------------|---|
|  | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| Your full name                                   | Narad                      | Mercedes                                      |
| Marita the employed that is an                   | First name                 | First name                                    |
| Write the name that is on your government-issued | R                          | M   |
| picture identification (for                      | Middle name                | Middle name                                   |
| example, your driver's                           | Persadsingh                | Rampersadsingh                                |
| license or passport                              | Last name                  | Last name                                     |
| Bring your picture                               |                            |   |
| identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| meeting with the trustee.                        |                            |   |
| 2. All other names you                           | Narad                      |   |
| have used in the last                            | First name                 | First name                                    |
| 8 years  | R                          |   |
| La al ala casa anta di an                        | Middle name                | Middle name                                   |
| Include your married or maiden names.            | Rampersadsingh             |   |
| maraon namoon                                    | Last name                  | Last name                                     |
|  |                            |   |
|  | First name                 | First name                                    |
|  |                            |   |
|  | Middle name                | Middle name                                   |
|  |                            |   |
|  | Last name                  | Last name                                     |
| 3. Only the last 4 digits                        |                            |   |
| of your Social                                   | XXX - XX- 4560             | XXX - XX- 8566                                |
| Security number or<br>federal Individual         | OR                         | OR  |
| Taxpayer   | 9 xx - xx-                 | 9 xx - xx-                                    |
| Identification number<br>(ITIN)                  |                            |   |

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| About Debtor 1:  About Debtor 2 (Spouse Only in a Joint Case):  1 have not used any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names  EIN  EIN  EIN  5. Where you live  2807 W Touhy Ave FI 1 Number Street  Chicago Illinois 60645 City State Zip Code  Cook County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number Street  Number Street  City State Zip Code  City State Zip Code  City Street  City State Zip Code  City Street  City Street  City State Zip Code  City Street  City Street  City State Zip Code  City Street  | Debtor 1 Narad First Name                                     | R Persadsingh Middle Name Last Name   | Case number (if known)   |
|--|---|---|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business a names  Include trade names and doing business as names  EIN  EIN  EIN  EIN  ### Debtor 2 lives at a different address:  2807 W Touhy Ave Fi 1 Number Street  Chicago Illinois 60645 City State Zip Code  Cook Country  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number Street  Number Street  Chicago Illinois 60645 City State Zip Code  Cook Country  If Debtor 2 lives at a different address:  2807 W Touhy Ave Fi 1 Number Street  Chicago Illinois 60645 City State Zip Code  Cook Country  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  Number Street  City State Zip Code  Check one:  Check one:  Check one:  Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.   | Tilotivano  | Middle Name   |  |
| and Employer Identification Numbers (EIN) you have used in the last 8 years    Include trade names and doing business as names   |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
| Business name   Business nam   |   | ✓ I have not used any business names or EINs.   | I have not used any business names or EINs.  |
| Include trade names and doing business as names  EIN  EIN  EIN  5. Where you live  2807 W Touhy Ave FI 1 Number Street  Chicago Illinois 60645 City State Zip Code  Cook County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number Street  City State Zip Code  Cook County  If Debtor 2 lives at a different address:  2807 W Touhy Ave FI 1 Number Street  Chicago Illinois 60645 City State Zip Code  Cook County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  Number Street  City State Zip Code  Check one: Check one | Numbers (EIN) you   | Business name   | Business name  |
| EIN  EIN  EIN  EIN  EIN  EIN  EIN  5. Where you live  2807 W Touhy Ave FI 1 Number Street  Chicago Illinois 60645 City State Zip Code  Cook County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number Street  City State Zip Code  City State Sip Code  City State Sip Code  Cook County If Debtor 2 lives at a different address:  2807 W Touhy Ave FI 1 Number Street  Chicago Illinois 60645 City State Zip Code  Cook County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  Number Street  Number Street  Check one:  Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.   | -   | Business name   | Business name  |
| 5. Where you live    2807 W Touhy Ave FI 1   |   | EIN   | EIN  |
| 2807 W Touhy Ave FI 1 Number Street  Chicago Illinois 60645 City State Zip Code  Cook County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number Street  City State Zip Code  Cook County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  Number Street  City State Zip Code  Check one:  Check one:  Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.   |   | EIN   | EIN  |
| Number Street    Chicago   Illinois   60645   City   State   Zip Code   Code   County  | 5. Where you live   |   |  |
| City State Zip Code  Cook County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number Street  City State Zip Code  Cook County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  Number Street  City State Zip Code  Check one:  Check one:  Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  |   |   |  |
| Cook County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number Street    Number   Street   State   Zip Code   City   State   Zip Code  |   |   |  |
| If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.    Number   Street   Stree |   | ·   |  |
| City State Zip Code  City State Zip Code  City State Zip Code  City State Zip Code  Check one:  Check one:  Check one:  ✓ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  Check one:  Check one:  Check one:  Check one:  View one:  Check one:  Check one:  View o  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to |
| 6. Why you are choosing this district to file for bankruptcy  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.   |   | Number Street   | Number Street  |
| 6. Why you are choosing this district to file for bankruptcy  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.   |   | City State Zin Code   | City State Zin Code  |
| choosing this district to file for bankruptcy  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  |   | S, State Zip Gode   | on, one zip oode   |
| lived in this district longer than in any other district.  | <ol> <li>6. Why you are<br/>choosing this district</li> </ol> |   | Check one:   |
| I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   | to file for bankruptcy  | lived in this district longer than in any other district.   | lived in this district longer than in any other district.  |
|  |   | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   |
|  |   |   |  |
|  |   |   |  |
|  |   |   |  |
|  |   |   |  |

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| De  | ebtor 1 Narad   | R   | Persadsingh   | Case number (if kno  | own)  |
|-----|---|---|---|--|---|
|     | First Name  | Middle Name   | Last Name   |  |   |
| Pa  | Tell the Court Abo  | ut Your Bankruptcy Ca   | ase   |  |   |
| 7.  | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  |   | description of each, see <i>Notice Re</i> 0)). Also, go to the top of page 1 ar   |  |   |
| 8.  | How you will pay the fee  | more details about cashier's check, or may pay with a cred line of the line of the line of the official poverty you choose this op: | how you may pay. Typically, if y money order. If your attorney is dit card or check with a pre-prine ee in installments. If you choos your Filing Fee in Installments (fee be waived (You may requestor required to, waive your fee, a line that applies to your family | you are paying the submitting your ted address. se this option, sign official Form 103 st this option only and may do so on size and you are to submit the | the clerk's office in your local court for e fee yourself, you may pay with cash, payment on your behalf, your attorney on and attach the <i>Application for BA</i> ).  If you are filing for Chapter 7. By law, a ly if your income is less than 150% of unable to pay the fee in installments). If the Chapter 7 Filing Fee Waived (Official) |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | ✓ No.  Yes. District  District  District  | Whe   | MM / DD / YYYY  MM / DD / YYYY   | Case number  Case number  Case number   |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ✓ No.  Yes. Debtor  District  Debtor  District  | <u>W</u> he   | MM / DD / YYYY   | Relationship to you  Case number, if known  Relationship to you  Case number, if known  |
| 11. | Do you rent your residence?   | ✓ No. Go to   | ord obtained an eviction judgment<br>line 12.<br>It <i>Initial Statement About an Evictic</i><br>ankruptcy petition.  |  | st You (Form 101A) and file it with   |

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Debtor 1 Narad Persadsingh Case number (if known) Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance Bankruptcy Code and sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are vou a small business debtor? I am not filing under Chapter 11. For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have ✓ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Persadsingh Case number (if known)

#### Debtor 1 Narad First Name Middle Name Last Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have ✓ I received a briefing from an approved credit ✓ I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you plan, if any. plan, if any. are not eligible to file. I certify that I asked for credit counseling services ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental I have a mental illness or a mental Incapacity. Incapacity. deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. Disability. My physical disability causes me to Disability. My physical disability causes me to be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing

about credit counseling, you must file a motion for

waiver of credit counseling with the court.

about credit counseling, you must file a motion for

waiver of credit counseling with the court.

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Debtor 1 Narad R Persadsingh Case number (if known) First Name Last Name Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as 16. What kind of debts do "incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded ✓ No. and administrative expenses are paid that Yes. funds will be available for distribution to unsecured creditors? **1**-49 1,000-5,000 25,001-50,000 18. How many creditors 50-99 5,001-10,000 50,001-100,000 do vou estimate that 100-199 10,001-25,000 More than 100,000 vou owe? 200-999 \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets to be worth? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X /s/ Narad Persadsingh /s/ Mercedes Rampersadsingh Signature of Debtor 2 Signature of Debtor 1 Executed on 8/14/2018 Executed on 8/14/2018 MM / DD / YYYY MM / DD / YYYY

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| Debtor 1 Narad                                   | R                         | Persadsingh           | Case number (if             | f known)  |
|--|---------------------------|-----------------------|-----------------------------|---|
| First Name                                       | Middle Name               | Last Name             |                             |   |
| For your attorney, if you are represented by one | eligibility to proceed un | der Chapter 7, 11, 1  | 2, or 13 of title 11, Unite | nave informed the debtor(s) about<br>d States Code, and have explained the<br>also certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice requ | uired by 11 U.S.C. §  | 342(b) and, in a case in v  | which § 707(b)(4)(D) applies, certify that I  |
| represented by an                                | have no knowledge afte    | r an inquiry that the | information in the sched    | dules filed with the petition is incorrect.   |
| attorney, you do not                             |                           |                       |                             | ·   |
| need to file this page.                          | /s/ Corey A. Walters      | 3                     | Date _                      | 8/14/2018   |
|  | Signature of Attorney     |                       |                             | MM / DD / YYYY  |
|  |                           |                       |                             |   |
|  |                           |                       |                             |   |
|  | Corey A. Walters          |                       |                             |   |
|  | Printed name              |                       |                             |   |
|  | Semrad Law Firm           |                       |                             |   |
|  | Firm name                 |                       |                             |   |
|  | 10 N. Martingale Road     | d                     |                             |   |
|  | Street                    | <u>u</u>              |                             |   |
|  | Suite 400                 |                       |                             |   |
|  | <u> </u>                  |                       |                             |   |
|  | Schaumburg                |                       | Illinois                    | 60173   |
|  | City                      |                       | State                       | Zip Code  |
|  |                           |                       |                             |   |
|  | Contact phone             | 3128374027            | Email address               | cwalters@semradlaw.com  |
|  |                           |                       | -                           |   |
|  |                           |                       | Illinois                    | S   |
|  | Bar number                | <u> </u>              | State                       |   |

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| Fill in this infor     | mation to identify your c | ase:        |                      |
|------------------------|---------------------------|-------------|----------------------|
| Debtor 1               | Narad                     | R           | Persadsingh          |
|                        | First Name                | Middle Name | Last Name            |
| Debtor 2               | Mercedes                  | М           | Rampersadsingh       |
| (Spouse, if filing)    | First Name                | Middle Name | Last Name            |
| United States E        | Bankruptcy Court for the: | Northern    | District of Illinois |
|                        |                           |             | (State)              |
| Case number (If known) |                           |             |                      |

| П | Check if this is an |
|---|---------------------|
|   | amended filing      |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|  | <b>Your assets</b><br>Value of what you own        |
|--|--|
| 1. Schedule A/B: Property (Official Form 106A/B)   |  |
| 1a. Copy line 55, Total real estate, from Schedule A/B   | <u>\$0.00</u>                                      |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$9,834.64   |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$9,834.64   |
| Part 2: Summarize Your Liabilities   |  |
|  | Your liabilities<br>Amount you owe                 |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)                                  | <b>011</b> 717 00                                  |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$11,717.00<br>——————————————————————————————————— |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  | \$44,173.73  |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                     |  |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                  | \$115,734.13                                       |
| Your total liabilities   | \$171,624.86                                       |
| Part 3: Summarize Your Income and Expenses   |  |
| 4. Schedule I: Your Income (Official Form 106I)  |  |
|  | \$2,667.70   |
| Copy your combined monthly income from line 12 of Schedule I   |  |
| ·  | \$2,710.00   |

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| Deb         | otor 1 Narad   | R   | Persadsingh  | Case number (if known)              |            |
|-------------|--|---|--|-------------------------------------|------------|
|             | First Name   | Middle Name   | Last Name  |                                     |            |
| Part        | 4: Answer These Qu                                     | uestions for Administrati   | ve and Statistical Records   |                                     |            |
| 6. <b>A</b> | re you filing for bankrup                              | tcy under Chapters 7, 11, or                                      | 13?  |                                     |            |
|             | No. You have nothing                                   | to report on this part of the for                                 | m. Check this box and submit this  | s form to the court with your other | schedules. |
| [           | ✓ Yes.   |   |  |                                     |            |
| 7. <b>V</b> | Vhat kind of debt do you                               | have?   |  |                                     |            |
| [           |  |   | ner debts are those incurred by an Il out lines 8-10 for statistical purpo |                                     |            |
| [           | <u> </u>   | rimarily consumer debts. You with your other schedules.           | u have nothing to report on this pa  | art of the form. Check this box and | submit     |
|             |  | Your Current Monthly Income<br>Form 122B Line 11; <b>OR</b> , For | e: Copy your total current monthly<br>m 122C-1 Line 14.                    | income from Official                | \$6,230.76 |
| 9.          | Copy the following spec                                | cial categories of claims fror                                    | n Part 4, line 6 of Schedule E/F:  |                                     |            |
|             | From Part 4 on Schedu                                  | le E/F, copy the following:                                       |  | Total claim                         |            |
|             | 9a. Domestic support ob                                | ligations (Copy line 6a.)   |  | \$0.00                              | _          |
|             | 9b. Taxes and certain oth                              | er debts you owe the governm                                      | nent. (Copy line 6b.)  | \$44,173.73                         | _          |
|             | 9c. Claims for death or pe                             | ersonal injury while you were in                                  | toxicated. (Copy line 6c.)   | \$0.00                              | _          |
|             | 9d. Student loans. (Copy                               | line 6f.)   |  | \$0.00                              | _          |
|             | 9e. Obligations arising ou priority claims. (Copy line |   | divorce that you did not report as   | \$0.00                              | _          |
|             | 9f. Debts to pension or p                              | rofit-sharing plans, and other s                                  | similar debts. (Copy line 6h.)   | \$0.00                              | _          |

\$44,173.73

9g. **Total.** Add lines 9a through 9f.

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|--|---|--|--|---|
| Fill in this in                        | nformation to identify your case:   |  |  |   |
| Debtor 1                               | Narad R   | Persadsingh  |  |   |
| Dulatana                               | First Name Middle N   |  |  |   |
| Debtor 2<br>(Spouse, if filin          | Mercedes         M           g)         First Name         Middle N   | Rampersadsingh lame Last Name  |  |   |
| United State                           | es Bankruptcy Court for the: Northern   | District of Illinois   |  |   |
| Case numb                              |   | (State)  |  |   |
| (If known)                             |   |  |  |   |
| Official                               | Form 106A/B   |  |  | Check if this is an amended filing  |
| <b>Sched</b>                           | ule A/B: Property   |  |  | 12/1  |
| category will responsible write your n | here you think it fits best. Be as complete a<br>for supplying correct information. If more s<br>name and case number (if known). Answer e<br>rescribe Each Residence, Building, La | nd, or Other Real Estate You Own or Have   | are filing together, bo<br>form. On the top of a<br>e an Interest In | th are equally  |
|  | own or have any legal or equitable interest No. Go to Part 2  | n any residence, building, land, or similar prope  | erty?  |   |
|  | Yes. Where is the property?   |  |  |   |
| 1.1                                    | Street address, if available, or other description  | What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home   | the amount of any s  | red claims or exemptions. Put ecured claims on Schedule D: Claims Secured by Property.  e Current value of the portion you own? |
| 1                                      | Number Street   | Land Investment property   |  | e of your ownership<br>ee simple, tenancy by  |
| -                                      | City State Zip Code   | Timeshare<br>Other   |  | life estate), if known.   |
|  |   | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this inproperty identification number: | (see instructio  | s community property<br>ns)   |
| If you o                               | wn or have more than one, list here:  |  |  |   |
| 1.2                                    | Street address, if available, or other description  | What is the property? Check all that apply.  Single-family home  | the amount of any s  | red claims or exemptions. Put ecured claims on Schedule D: Claims Secured by Property.  |
| _                                      | ·   | Duplex or multi-unit building Condominium or cooperative   | Current value of th entire property?                                 | e Current value of the portion you own?   |

Other information you wish to add about this item, such as local property identification number:

Who has an interest in the property? Check

At least one of the debtors and another

Manufactured or mobile home

Investment property

Describe the nature of your ownership

(see instructions)

interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property

Land

Timeshare Other \_\_\_\_

Debtor 1 only
Debtor 2 only

Number

City

Street

State

Zip Code

Debtor 1 and Debtor 2 only

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| Debtor 1  | Narad<br>First Name  | R<br>Middle Name                               | Persadsingh<br>Last Name   | Case numbe  | (if known)   |  |
|-----------|--|--|--|-------------|--|--|
|           | et address, if available, or oth                           |  | hat is the property? Check all that a Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land | apply.      | the amount of any secu<br>Creditors Who Have Cla<br>Current value of the<br>entire property? | claims or exemptions. Put red claims on <i>Schedule D:</i> ims Secured by Property.  Current value of the portion you own? |
| City      |  | Zip Code                                       | Investment property Timeshare Other  | _           | Describe the nature or interest (such as fee sthe entireties, or a life                      | imple, tenancy by  |
|           |  |  | ho has an interest in the property Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and                      | other       | Check if this is co<br>(see instructions)  | mmunity property   |
|           | the dollar value of the por<br>ve attached for Part 1. Wri | pr<br>tion you own for al<br>te that number he |  |             |  |  |
| Do you ow |  | equitable interest                             | in any vehicles, whether they are  | -           | -  |  |
|           | ns, trucks, tractors, sport util                           |  | •  | ,           |  |  |
| 3.1       | Make<br>Model:<br>Year:<br>Approximate mileage:            | Infinti<br>G25X<br>2011<br>104000              | Who has an interest in the propose.  Debtor 1 only   | erty? Check | the amount of any secu   | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.   |
|           | Other information: 2011 Infinti G25X                       | 104000   | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this is community  |             | Current value of the entire property?<br>\$6975.00   | Current value of the portion you own?<br>\$6975.00   |
| 3.2       | Make<br>Model:<br>Year:<br>Approximate mileage:            | Ford<br>Mustang<br>1990<br>130000              | instructions)  Who has an interest in the propone.  Debtor 1 only  | erty? Check | the amount of any secu<br>Creditors Who Have Cla   | claims or exemptions. Put ured claims on Schedule D: naims Secured by Property.  |
|           | Other information:<br>1990 Ford Mustang (not w             |  | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this is community  |             | Current value of the entire property?<br>\$500.00  | Current value of the portion you own? \$500.00   |
|           |  |  | instructions)  |             |  |  |

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|     | Narad<br>First Name                                       | R<br>Middle Name | Persadsingh Last Name   | Case number                       | er (if known)                                |  |
|-----|---|------------------|---|-----------------------------------|--|--|
| 3.3 | Make Model: Year: Approximate mileage: Other information: |                  | Who has an interest in the pone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors Check if this is communinstructions) | ly<br>s and another               | the amount of any secu                       | claims or exemptions. Pur<br>irred claims on <i>Schedule E</i><br>aims Secured by Property.  Current value of the<br>portion you own?  |
| 3.4 | Make Model: Year: Approximate mileage: Other information: |                  | Who has an interest in the pone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on  |                                   | the amount of any secu                       | claims or exemptions. Pur<br>ured claims on <i>Schedule D</i><br>aims Secured by Property.<br>Current value of the<br>portion you own? |
|     |   |                  | At least one of the debtors  Check if this is commun instructions)  |                                   |  |  |
|     |   | •                | er recreational vehicles, other<br>, fishing vessels, snowmobiles, r  | •                                 |  |  |
| Exa | mples: Boats, trailers, motor<br>No<br>Yes                | •                | er recreational vehicles, other   | property? Check  ly s and another | Do not deduct secured the amount of any secu | claims or exemptions. Pured claims on Schedule Laims Secured by Property.  Current value of the portion you own?                       |

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Debtor 1 Narad Persadsingh Case number (if known) First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Used furniture (Couch, Table, chairs, Bed, bedside table) \$350.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... Used electronics (TV, Cell phones, tablets, radio) \$175.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... used clothing \$600.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... Misc Jewelry \$50.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Nο Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list **✓** No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1175.00 for Part 3. Write that number here ......

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Debtor 1 Narad Persadsingh Case number (if known) First Name Last Name **Describe Your Financial Assets** Part 4: Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: 17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: Visa Prepaid \$95.00 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ◪ No Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

# Case 18-22961 Doc 1 Filed 08/14/18 Entered 08/14/18 16:54:17 Desc Main Document Page 15 of 77 B Persadsingh Case number (if known)

| Deb | tor 1 Narad   | H<br>Middle Name  | Last Name                        | Case number (if known)                |   |  |  |
|-----|---|---|----------------------------------|---------------------------------------|---|--|--|
| 20  | First Name  |   |                                  |                                       |   |  |  |
| 20. | 20. Government and corporate bonds and other negotiable and non-negotiable instruments  Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. |   |                                  |                                       |   |  |  |
|     | Non-negotiable instrum  | ents are those you cannot transfe                                     | r to someone by signing or       | delivering them.                      |   |  |  |
|     | <b>✓</b> No   |   |                                  |                                       |   |  |  |
|     | Yes. Give specific information about  | Issuer name:  |                                  |                                       |   |  |  |
|     | them  | issuei ilaille.   |                                  |                                       |   |  |  |
|     |   |   |                                  |                                       | _ |  |  |
|     |   |   |                                  |                                       |   |  |  |
| 21. | Retirement or pension   | accounts  |                                  |                                       | - |  |  |
|     | _   | RA, ERISA, Keogh, 401(k), 403(b)                                      | , thrift savings accounts, or    | other pension or profit-sharing plans |   |  |  |
|     | ✓ No  | Type of account:  | Institution name:                |                                       |   |  |  |
|     | Yes. List each account  | 401(k) or similar plan:   |                                  |                                       |   |  |  |
|     | separately.   | Pension plan:   |                                  |                                       | _ |  |  |
|     |   | IRA:  |                                  |                                       | _ |  |  |
|     |   | Retirement account:   |                                  |                                       |   |  |  |
|     |   | Keogh:  |                                  |                                       |   |  |  |
|     |   | Additional account:   |                                  |                                       |   |  |  |
|     |   | Additional account:   |                                  |                                       |   |  |  |
| 22. | Security deposits and   | prepayments   |                                  |                                       | _ |  |  |
|     |   | d deposits you have made so that with landlords, prepaid rent, public |                                  |                                       |   |  |  |
|     | companies, or others  | With landiorato, propala fort, public                                 | o atmitioo (olootilo, gao, watol | y, tologommamoations                  |   |  |  |
|     | <b>✓</b> No   |   | Institution name:                |                                       |   |  |  |
|     | Yes   | Electric:   |                                  |                                       |   |  |  |
|     |   | Gas:  |                                  |                                       | _ |  |  |
|     |   | Heating oil:  |                                  |                                       | _ |  |  |
|     |   | Security deposit on rental unit:                                      |                                  |                                       | _ |  |  |
|     |   | Prepaid rent:   |                                  |                                       | _ |  |  |
|     |   | Telephone:  |                                  |                                       | _ |  |  |
|     |   | Water:  |                                  |                                       | _ |  |  |
|     |   | Rented furniture:   |                                  |                                       | _ |  |  |
|     |   | Other:  |                                  |                                       | _ |  |  |
| 23. | Annuities (A contract fo  | or a periodic payment of money to                                     | you, either for life or for a r  | number of years)                      |   |  |  |
|     | <b>✓</b> No   | Issuer name and description:  |                                  |                                       |   |  |  |
|     | Yes   | issuel name and description.  |                                  |                                       |   |  |  |
|     |   |   |                                  |                                       | _ |  |  |
|     |   |   |                                  |                                       |   |  |  |
|     |   |   |                                  |                                       | _ |  |  |

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| Debi | tor 1 Narad                      | R .   |                     | Persadsingh                        | Case number (if known)                             |   |
|------|----------------------------------|---|---------------------|------------------------------------|--|---|
| 24.  |                                  | Middle<br>n education IRA, in an acc<br>30(b)(1), 529A(b), and 529                    | count in a qualifie | Last Name<br>ed ABLE program, or u | nder a qualified state tuition program             |   |
|      | <b>√</b> No                      | Institution name and descri   |                     | e the records of any inte          | rests.11 U.S.C. § 521(c):                          |   |
|      |                                  |   |                     |                                    |  |   |
| 25.  | Trusts, equita exercisable fo    |   | property (other th  | an anything listed in l            | ine 1), and rights or powers                       |   |
|      | Ves. Descr                       | ibe   |                     |                                    |  |   |
| 26.  |                                  | rights, trademarks, trade<br>rnet domain names, website                               |                     |                                    |  |   |
|      | ✓ No  Yes. Descr                 | ibe   |                     |                                    |  |   |
| 27.  |                                  | chises, and other genera<br>ding permits, exclusive licen                             | -                   | ssociation holdings, liqu          | or licenses, professional licenses                 |   |
|      | Ves. Descr                       | ibe   |                     |                                    |  |   |
| Mor  | ney or proper                    | ty owed to you?   |                     |                                    |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28.  | Tax refunds ow                   | ved to you  |                     |                                    |  | ·   |
|      | No Vos Givo si                   | pecific information   |                     |                                    | Federal:   | \$0.00  |
|      | about                            | them, including whether   |                     |                                    | State:   | \$0.00  |
|      | -                                | lready filed the returns<br>ne tax years  |                     |                                    |  | \$0.00  |
| 29.  | Family support<br>Examples: Past |   | spousal support, c  | hild support, maintenan            | Local:  ce, divorce settlement, property settlemer | ·   |
|      | <b>✓</b> No                      |   |                     |                                    |  |   |
|      | Yes. Give s                      | pecific information   |                     |                                    | Alimony:   | \$0.00  |
|      |                                  |   |                     |                                    | Maintenance:                                       | \$0.00  |
|      |                                  |   |                     |                                    | Support:   | \$0.00  |
|      |                                  |   |                     |                                    | Divorce settlement:                                | \$0.00  |
|      |                                  |   |                     |                                    | Property settlement:                               | \$0.00  |
| 30.  | Examples: Unpa                   | s someone owes you<br>aid wages, disability insuran<br>al Security benefits; unpaid l |                     |                                    | acation pay, workers' compensation,                |   |
|      | <b>✓</b> No                      |   |                     |                                    |  |   |
|      | Yes. Describ                     | De  |                     |                                    |  |   |

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| Deb  | tor 1 Narad R  | Persadsingh                              | Case number (if known)                         |   |
|------|--|--|--|---|
|      | First Name Middle Nar  | ne Last Name                             |  |   |
| 31.  | Interests in insurance policies Examples: Health, disability, or life insurance; h   | ealth savings account (HSA); credit, hor | neowner's, or renter's insurance               |   |
|      | No  ✓ Yes. Name the insurance company  | Company name:                            | Beneficiary:                                   | Surrender or refund value:                                      |
|      | of each policy and list its value  | NY Life Term Life Insurance              |  | \$0.00  |
|      |  | Mutual of Omaha Whole life               |  | \$1089.64   |
| 32.  | Any interest in property that is due you fro If you are the beneficiary of a living trust, experproperty because someone has died. |  | or are currently entitled to receive           |   |
|      | ✓ No Yes. Describe   |  |  |   |
| 33.  | Claims against third parties, whether or no Examples: Accidents, employment disputes, in No Yes. Describe                          |  | demand for payment                             |   |
| 34.  | Other contingent and unliquidated claims to set off claims   | of every nature, including countercla    | ims of the debtor and rights                   |   |
|      | No Yes. Describe   |  |  |   |
| 35.  | Any financial assets you did not already lis   | t  |  |   |
|      | ✓ No Yes. Describe   |  |  |   |
| 36.  | Add the dollar value of all of your entries fr for Part 4. Write that number here  |  |  | \$1184.64   |
|      |  |  |  |   |
| Part | 5: Describe Any Business-Related P   | roperty You Own or Have an Into          | erest In. List any real estate in Part         | 1.  |
| 37.  | Do you own or have any legal or equitable  | interest in any business-related prop    | erty?  |   |
|      | No. Go to Part 6. Yes. Go to line 38.  |  | <b>pc</b><br>Do                                | urrent value of the ortion you own? o not deduct secured claims |
| 38.  | Accounts receivable or commissions you a   | Iready earned                            | O.   |   |
|      | ✓ No  Yes. Describe  |  |  |   |
| 39.  | Office equipment, furnishings, and supplies Examples: Business-related computers, software   |  | lines, rugs, telephones, desks, chairs, electr | onic devices  |
|      | ✓ No ☐ Yes. Describe   |  |  |   |
|      |  |  |  |   |

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| Deb   | tor 1 Narad                    | R                                  | Persadsingh                            | Case number (if known)        |  |
|-------|--------------------------------|------------------------------------|--|-------------------------------|--|
|       | First Name                     | Middle Name                        | Last Name                              |                               |  |
| 40.   | Machinery, fixtures, e         | equipment, supplies you u          | se in business, and tools of your tr   | rade                          |  |
|       | <b>✓</b> No                    |                                    |  |                               |  |
|       | Yes. Describe                  |                                    |  |                               |  |
|       | _                              |                                    |  |                               |  |
|       |                                |                                    |  |                               |  |
| 41.   | Inventory                      |                                    |  |                               |  |
|       | <b>✓</b> No                    |                                    |  |                               |  |
|       | Yes. Describe                  |                                    |  |                               |  |
|       | _                              |                                    |  |                               |  |
| 40    |                                |                                    |  |                               |  |
| 42.   | Interests in partnersh         | lips or joint ventures             |  |                               |  |
|       | <b>✓</b> No                    |                                    | Name of entity:                        | % of ownership:               |  |
|       | Yes. Give specific             | ,                                  | Name of entity.                        | 70 Of Ownership.              |  |
|       | information about them         |                                    |  |                               | <del>-</del>                               |
|       | urem                           |                                    |  |                               |  |
|       |                                | •                                  |  |                               | <u> </u>                                   |
| 40.4  | Customor listo mailine         | . liata au athau aammilati         |  |                               | -  |
| 43.   | Customer lists, mailing        | g lists, or other compilation      | ons                                    |                               |  |
|       | <b>✓</b> No                    |                                    |  |                               |  |
|       | Yes. Do your lists             | include personally identifiab      | le information (as defined in 11 U.S.C | C. § 101(41A))?               |  |
|       | ☐ No                           |                                    |  |                               |  |
|       | <u> </u>                       | cribe                              |  |                               |  |
|       | L Tes. Desc                    | JIID 6                             |  |                               |  |
| 44.   | Any business-related           | property you did not alre          | ady list                               |                               |  |
|       | <b>√</b> No                    |                                    |  |                               |  |
|       |                                |                                    |  |                               |  |
|       | Yes. Give specific information |                                    |  |                               |  |
|       |                                | •                                  |  |                               |  |
|       |                                |                                    |  |                               |  |
|       |                                |                                    |  |                               |  |
|       |                                |                                    |  |                               |  |
|       |                                | •                                  |  |                               |  |
|       |                                |                                    |  |                               |  |
|       |                                |                                    |  |                               |  |
|       |                                |                                    | ert 5, including any entries for page  | es you have attached          |  |
| O   P | art 5. Write that numb         | er nere                            |  |                               |  |
| Part  | 6: Describe Any F              | arm- and Commercia                 | I Fishing-Related Property You         | u Own or Have an Interest In. |  |
|       | If you own or have ar          | n interest in farmland, list it in | Part 1.                                |                               |  |
| 46.   | Do you own or have a           | any legal or equitable inte        | erest in any farm- or commercial fi    | shing-related property?       |  |
|       | No. Go to Part 7.              |                                    |  |                               | Current value of the                       |
|       | Yes. Go to line 47             |                                    |  |                               | portion you own?                           |
|       | Tes. do to line 47             | •                                  |  |                               | Do not deduct secured claims or exemptions |
| 47.   | Farm animals                   |                                    |  |                               |  |
|       | Examples: Livestock, p         | oultry, farm-raised fish           |  |                               |  |
|       | <b>№</b> No                    |                                    |  |                               |  |
|       | Yes. Describe                  |                                    |  |                               |  |
|       |                                |                                    |  |                               |  |
|       |                                |                                    |  |                               |  |

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| Debt         | or 1 Narad R First Name Middle Name                   | Persadsingh  Last Name             | Case number (if known)         |             |
|--------------|---|------------------------------------|--------------------------------|-------------|
| 10           |   | Last Ivalile                       |                                |             |
| 48.          | Crops-either growing or harvested                     |                                    |                                |             |
|              | No No   |                                    |                                |             |
|              | Yes. Describe   |                                    |                                |             |
|              |   |                                    |                                |             |
| 49.          | Farm and fishing equipment, implements, machin        | nery, fixtures, and tools of trade |                                |             |
|              | No No   |                                    |                                |             |
|              | Yes. Describe   |                                    |                                |             |
|              | <u> </u>  |                                    |                                |             |
| 50           |   |                                    |                                |             |
| 50.          | Farm and fishing supplies, chemicals, and feed        |                                    |                                |             |
|              | No No   |                                    |                                |             |
|              | Yes. Describe   |                                    |                                |             |
|              |   |                                    |                                |             |
| 51.          | Any farm- and commercial fishing-related proper       | ty you did not already list        |                                |             |
|              | <b>✓</b> No   |                                    |                                |             |
|              | Yes. Describe   |                                    |                                |             |
|              |   |                                    |                                |             |
|              |   |                                    | Г                              |             |
|              | dd the dollar value of all of your entries from Part  |                                    | ou have attached               |             |
| <br> ►       | art 6. Write that number here                         |                                    |                                |             |
|              |   |                                    |                                |             |
|              |   |                                    |                                |             |
| Part 1       | 7: Describe All Property You Own or Have              | an Interest in That You Did No     | t List Above                   |             |
| 53.          | Do you have other property of any kind you did no     | ot already list?                   |                                |             |
|              | Examples: Season tickets, country club membership     |                                    |                                |             |
|              | ✓ No  |                                    |                                |             |
|              | Yes. Give specific information                        |                                    |                                |             |
|              | ""o"mailo"  |                                    |                                |             |
|              | <u> </u>  |                                    |                                |             |
| <b>54</b> A. | dd tha dallar raina af all af rann antriae fram Dart  | 7. Weite that mouth on hour        |                                |             |
| 54. A        | dd the dollar value of all of your entries from Part  | 7. Write that number here          |                                |             |
|              |   |                                    |                                |             |
|              |   |                                    |                                |             |
|              |   |                                    |                                |             |
|              |   |                                    |                                |             |
| Part 8       | List the Totals of Each Part of this Form             |                                    |                                |             |
| 55. <b>F</b> | Part 1: Total real estate, line 2                     |                                    | <b>&gt;</b>                    |             |
|              |   |                                    |                                |             |
| 56. <b>p</b> | part 2 total vehicles, line 5                         | \$7475.00                          |                                |             |
| 57. <b>P</b> | art 3: Total personal and household items, line 15    | \$1175.00                          |                                |             |
| 58. <b>P</b> | art 4: Total financial assets, line 36                |                                    |                                |             |
|              |   | <u>\$1184.64</u>                   |                                |             |
|              | Part 5: Total business-related property, line 45      | ·                                  |                                |             |
| 60. <b>F</b> | Part 6: Total farm- and fishing-related property, lin | ne 52                              |                                |             |
| 61. <b>F</b> | Part 7: Total other property not listed, line 54      |                                    |                                |             |
| 62. <b>1</b> | Total personal property. Add lines 56 through 61      | \$9834.64                          |                                | + \$9834.64 |
|              |   | 93034.04                           | Copy personal property total ▶ | + ψ3004.04  |
|              |   |                                    |                                | \$9834.64   |
| 63. <b>T</b> | otal of all property on Schedule A/B. Add line 55 +   | line 62                            |                                | Ψυσυπ.υπ    |

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| Fill in this information to identify your case: |            |             |                      |   |  |  |  |
|---|------------|-------------|----------------------|---|--|--|--|
| Debtor 1  | Narad      | R           | Persadsingh          |   |  |  |  |
|   | First Name | Middle Name | Last Name            |   |  |  |  |
| Debtor 2  | Mercedes   | М           | Rampersadsingh       |   |  |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name            |   |  |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois |   |  |  |  |
| Case number<br>(If known)                       |            |             | (State)              | - |  |  |  |

#### Official Form 106C

#### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | rt 1: Identify the Property You Clair   | m as Exempt  |   |   |  |  |  |  |  |
|----|---|--|---|---|--|--|--|--|--|
| 1. | Which set of exemptions are you claim   | ing? Check one only, ev  | ven if your spouse is filing with you.  |   |  |  |  |  |  |
|    | You are claiming state and federal  | nonbankruptcy exemp  | otions. 11 U.S.C. § 522(b)(3)   |   |  |  |  |  |  |
|    | You are claiming federal exemption  | ns. 11 U.S.C. § 522(b)(  | 2)  |   |  |  |  |  |  |
| 2. | For any property you list on Schedule A   | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |   |   |  |  |  |  |  |
|    | Brief description of the property and line on Schedule A/B that lists this property               | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B                  | Amount of the exemption you claim  Check only one box for each exemption.                           | Specific laws that allow exemption              |  |  |  |  |  |
|    | Brief description: Ford Mustang, 1990, 1990 Ford Mustang (not working) Line from Schedule A/B: 03 | \$500.00   | \$500.00; \$0.00  100% of fair market value, up to any applicable statutory limit                   | 735 ILCS 5/12-1001(c); 735 ILCS<br>5/12-1001(b) |  |  |  |  |  |
|    | Brief description: used clothing Line from Schedule A/B: 11                                       | \$600.00   | \$600.00  100% of fair market value, up to any applicable statutory limit                           | 735 ILCS 5/12-1001(a)                           |  |  |  |  |  |
| 3. | <b>✓</b> No   | ery 3 years after that for   | 375? cases filed on or after the date of adjustment.) rithin 1,215 days before you filed this case? |   |  |  |  |  |  |

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| Brief description of the property and<br>line on Schedule A/B that lists this<br>property | Current value of<br>the portion you<br>own | Amount of the exemption you claim  Check only one box for each exemption.   | Specific laws that allow exemption |
|---|--|---|------------------------------------|
|   | Copy the value from<br>Schedule A/B        |   |                                    |
| Brief description: Used furniture (Couch, Table, chairs, Bed, bedside table)              | \$350.00                                   | \$350.00  100% of fair market value, up to any applicable statutory limit   | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 06  |  |   |                                    |
| Brief description: Used electronics (TV, Cell phones, tablets, radio)                     | \$175.00                                   | \$175.00  100% of fair market value, up to any applicable statutory limit   | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 07  |  |   |                                    |
| Brief<br>description:<br>Misc Jewelry   | \$50.00                                    | \$50.00   | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 12  |  | 100% of fair market value, up to any applicable statutory limit             |                                    |
| Brief description: Other financial account, Visa Prepaid                                  | \$95.00                                    | \$95.00  100% of fair market value, up to any                               | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 17  |  | applicable statutory limit  |                                    |
| Brief<br>description:<br>NY Life Term Life<br>Insurance                                   | \$0.00                                     | \$0 100% of fair market value, up to any                                    | 735 ILCS 5/12-1001(f)              |
| Line from Schedule A/B: 31  |  | applicable statutory limit  |                                    |
| Brief<br>description:<br>Mutual of Omaha Whole<br>life                                    | \$1,089.64                                 | \$1,089.64  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |

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|                     |  | Docum  | nent Page 22 of                                      | 77  |   |                                      |
|---------------------|--|--|--|---|---|--------------------------------------|
| Fill in th          | nis information to identify your c   | ase:   |  |   |   |                                      |
| Debtor              | 1 Narad<br>First Name  | R<br>Middle Name   | Persadsingh<br>Last Name                             |   |   |                                      |
| Debtor<br>(Spouse,  |  | M<br>Middle Name   | Rampersadsingh Last Name                             |   |   |                                      |
| United              | States Bankruptcy Court for the:   | Northern Dis   | trict of Illinois (State)                            |   |   |                                      |
| Case n<br>(If known |  |  | (1.00.1)   |   |   |                                      |
| Offic               | cial Form 106D   |  |  | _   |   | Check if this is a<br>amended filing |
| Sch                 | edule D: Credit  | ors Who Have   | Claims Secure  | ed by Prop  | erty  | 12/1                                 |
| name a              |  | secured by your property? mit this form to the court with yo                                       |  |   |   | es, write your                       |
| Part 1              | <b>.</b>   |  |  |   |   |                                      |
| :<br>i              | List all secured claims. If a cred<br>separately for each claim. If more<br>in Part 2. As much as possible, lis<br>name. | than one creditor has a particular   | claim, list the other creditors                      | Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any    |
| ;                   | Prestige Financial Services, Inc<br>Creditor's Name<br>1420 S 500 W<br>Number Street                                     | Describe the property that a 2011 Infiniti  As of the date you file, the company that a contingent |  | \$11,717.00   | \$6,975.00  | \$4,742.00                           |
| 7                   | SALT LAKE CITY UT 84115 City State ZIP Code Who owes the debt? Check one   | Unliquidated Disputed Nature of lien. Check all that   | annly  |   |   |                                      |
|                     | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors                                       |  | (such as mortgage or secured tilen, mechanic's lien) |   |   |                                      |

Other (including a right to offset) \_

Last 4 digits of account number \_

Add the dollar value of your entries in Column A on this page. Write that number

Check if this claim relates

11/2016

to a community debt

Date debt was

here:

incurred

8221

\$11,717.00

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| Fill in                     | this inforn  | nation to identify your ca   | ase:  |  |  |   |  |  |   |
|-----------------------------|--|--|---|--|--|---|--|--|---|
| Debto                       | r 1  | Narad  | R   |  | Persadsingh  |   |  |  |   |
|                             |  | First Name   | Middle Na   | ame  | Last Name  |   |  |  |   |
| Debto<br>(Spouse            | r 2<br>e, if filing)                                     | Mercedes<br>First Name   | M<br>Middle Na  | ame  | Rampersadsingh<br>Last Name  |   |  |  |   |
| United                      | d States Ba  | ankruptcy Court for the:   | Northern  |  | District of Illinois (State)   |   |  |  |   |
| Case i                      | number<br><sup>m)</sup>                                  |  |   |  | (State)  |   |  |  |   |
| Offic                       | cial Fo  | orm 106E/F   |   |  |  | _   | Chec   | k if this is an                                  | amended filing                              |
| Scl                         | hedu   | ile E/F: Cre   | ditors W  | /ho l  | Have Unsecure  | ed Claims   |  |  | 12/15                                       |
| other p<br>Form 1<br>claims | party to a<br>106A/B) a<br>that are<br>tries in th<br>). | ny executory contracts<br>nd on Schedule G: Exec<br>listed in Schedule D: C                | s or unexpired leas<br>cutory Contracts a<br>creditors Who Hold<br>tach the Continuat | ses that of<br>and Unex<br>I Claims of<br>tion Pag | rs with PRIORITY claims and Pa<br>could result in a claim. Also list<br>xpired Leases (Official Form 100<br>Secured by Property. If more sp<br>ge to this page. On the top of ar                           | t executory contract<br>6G). Do not include a<br>pace is needed, copy | s on <i>Schedul</i><br>any creditors<br>the Part you | le A/B: Prope<br>with partial<br>u need, fill it | erty (Official<br>ly secured<br>out, number |
| 1. [                        |  | editors have priority un<br>So to Part 2.  | secured claims ag   | gainst yo  | ou?  |   |  |  |   |
|                             | Yes.   | otoraitz.  |   |  |  |   |  |  |   |
| 2. L                        | ist all of isted, iden as much a Continuation            | tify what type of claim it i<br>is possible, list the claims<br>on Page of Part 1. If more | is. If a claim has bot<br>s in alphabetical orde<br>e than one creditor h             | th priority<br>er accordi<br>holds a p             | ore than one priority unsecured cla<br>or and nonpriority amounts, list that<br>ing to the creditor's name. If you lo<br>particular claim, list the other creditor<br>or this form in the instruction book | t claim here and show<br>have more than two poors in Part 3.          | both priority  | and nonpriori                                    | ty amounts.                                 |
|                             |  |  |   |  |  |   | Total claim  | Priority amount                                  | Nonpriority amount                          |
| 2.1                         |  | nkruptcy Section   |   | La   | ast 4 digits of account number   |   | \$0.00   | \$0.00   | \$0.00                                      |
|                             | Priority Co  | reditor's Name   |   |  | /hen was the debt incurred?  | n/a   |  |  |   |
|                             | Number   | Street   |   |  | s of the date you file, the claim oply.  Contingent  |   |  |  |   |
|                             | Chicago<br>City  | Illinois<br>State  | 60664<br>Zip Code   | — ⊨  | Unliquidated   |   |  |  |   |
|                             | Who inc  | urred the debt? Check of or 1 only   | •   | Ė  | Disputed   |   |  |  |   |
|                             | Debt   | or 2 only  |   | Ту   | ype of PRIORITY unsecured cla  | im:   |  |  |   |
|                             | _  | •  |   |  | Domestic support obligations   |   |  |  |   |
|                             |  | or 1 and Debtor 2 only<br>ast one of the debtors an  | ud another  | V  | Taxes and certain other debts y  | ou owe the  |  |  |   |
|                             |  |  |   |  | government  Claims for death or personal inj   | urv while vou were  |  |  |   |
|                             |  | ck if this claim relates t<br>aim subject to offset?                                       | to a community de   | ebt _  | intoxicated  | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                               |  |  |   |
|                             | No No  | ann subject to onset:  |   | L  | Other. Specify   |   |  |  |   |
|                             | Yes  |  |   |  |  |   |  |  |   |
| 2.2                         |  | Revenue Service  |   |  |  |   | \$44 173 73  | \$ \$44,173.73                                   | \$0.00                                      |
| 2.2                         | Priority C   | reditor's Name   |   |  | ast 4 digits of account number   |   | <u> </u>   | <u> </u>   | Ψ0.00                                       |
|                             | P.O. Box<br>Number                                       | Street   |   | w  | /hen was the debt incurred?  | n/a   |  |  |   |
|                             |  |  |   |  | s of the date you file, the claim oply.  | is: Check all that  |  |  |   |
|                             | 5  |  |   | Г  | Contingent   |   |  |  |   |
|                             | Philadelpl<br>City                                       | <u>hia Pennsylvar</u><br>State   | nia 19101<br>Zip Code   | — テ  | Unliquidated   |   |  |  |   |
|                             | Who inc  | urred the debt? Check of   | •   | F  | Disputed   |   |  |  |   |
|                             |  | or 1 only  |   | <u> </u>   | □ ype of PRIORITY unsecured cla  | im:   |  |  |   |
|                             |  | or 2 only  |   | Г  | Domestic support obligations   |   |  |  |   |
|                             |  | or 1 and Debtor 2 only   | d accellant   |  | Taxes and certain other debts y  | ou owe the  |  |  |   |
|                             |  | ast one of the debtors an  |   | _  | government   | un, while ver ···   |  |  |   |
|                             | _  | ck if this claim relates   | to a community de   | ebt L  | Claims for death or personal inj intoxicated   | ury wrille you were   |  |  |   |
|                             |  | aim subject to offset?   |   |  | Other. Specify   |   |  |  |   |
|                             | ✓ No<br>Yes  |  |   |  |  |   |  |  |   |
|                             |  |  |   |  |  |   |  |  |   |

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| Debte  | or 1           | Narad  | R                           | Persadsingh          | Case number (if known)   |   |
|--------|----------------|--|-----------------------------|----------------------|--|---|
|        |                | First Name   | Middle Name                 | Last Name            |  |   |
| Part : | 2:             | List All of Your NONPRIOR  | RITY Unsecured Clai         | ms                   |  |   |
| ]      | <b>→</b>       | any creditors have nonpriority u No. You have nothing to report Yes.   | t in this part. Submit this | s form to the cou    | ,  |   |
| l<br>I | unse<br>f m    | ecured claim, list the creditor separ  | rately for each claim. For  | each claim listed, i | he creditor who holds each claim. If a creditor has more identify what type of claim it is. Do not list claims already in .If you have more than four priority unsecured claims fill ou  | cluded in Part 1.<br>t the Continuation |
|        | _              | ADITAL ONE   |                             |                      |  | Total claim                             |
| 4.1    | No             | APITALONE onpriority Creditor's Name O BOX 30253   |                             |                      | 4 digits of account number *****  n was the debt incurred? 3/2011  | \$2,209.00                              |
|        | _              | umber Street   |                             |                      | Charles and Charle |   |
|        | Ci             | ALT LAKE CITY Utah ity State tho incurred the debt? Check on Debtor 1 only Debtor 2 only   | 84130<br>Zip Code<br>ne.    | Type                 | the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed of NONPRIORITY unsecured claim:  |   |
|        |                | Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim relates to the claim subject to offset?   |                             |                      | Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify CreditCard   |   |
| 4.2    |                | APITALONE  |                             | Last                 | 4 digits of account number ****  | \$1,464.00                              |
|        |                | The incurred the debt? Check on Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim relates to the claim subject to offset? | l another                   | As of                | the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  of NONPRIORITY unsecured claim: Student loans Disigations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar lebts Other. Specify CreditCard   |   |
| 4.3    | _              | APITALONE  |                             | Last                 | 4 digits of account number ****  | \$732.00                                |
|        | No<br>PC<br>No | onpriority Creditor's Name O BOX 30253 umber Street  ALT LAKE CITY Utah  | 84130                       | When As of C         | the date you file, the claim is: Check all that apply.  Contingent   | Ţ. VE.VV                                |
|        | _              | ity State  | Zip Code                    | —— 🔲 u               | Inliquidated   |   |
|        | W              | Tho incurred the debt? Check on Debtor 1 only  | •                           |                      | Disputed   |   |
|        | L              | <u>-</u>   |                             | Туре                 | of NONPRIORITY unsecured claim:  |   |
|        | V              | Debtor 2 only  |                             | s                    | Student loans  |   |
|        |                | Debtor 1 and Debtor 2 only  At least one of the debtors and  | another                     |                      | Obligations arising out of a separation agreement or livorce that you did not report as priority claims  |   |
|        | F              | Check if this claim relates to   | o a community debt          |                      | Debts to pension or profit-sharing plans, and other similar lebts  |   |
|        | Is             | the claim subject to offset? No Yes  | •                           |                      | Other. Specify CreditCard  |   |

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| Part 2 | Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page   |   |             |  |  |  |  |
|--------|---|---|-------------|--|--|--|--|
|        | After listing any entries on this page, number them beginning w | ith 4.5, followed by 4.6, and so forth.   | Total claim |  |  |  |  |
| 4.4    | Commonwealth Edison   | Last 4 digits of account number   | \$320.00    |  |  |  |  |
|        | Nonpriority Creditor's Name<br>3 Lincoln Ctr Fl 4               | When was the debt incurred? n/a   |             |  |  |  |  |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |  |  |  |  |
|        |   | - Contingent  |             |  |  |  |  |
|        | Oakbrook Ter Illinois 60181                                     | Unliquidated  |             |  |  |  |  |
|        | City State Zip Code   | Disputed  |             |  |  |  |  |
|        | Who incurred the debt? Check one.  Debtor 1 only                | Type of NONPRIORITY unsecured claim:  |             |  |  |  |  |
|        | Debtor 2 only   | Student loans   |             |  |  |  |  |
|        | Debtor 1 and Debtor 2 only                                      | Obligations arising out of a separation agreement or divorce that you did not report as priority claims         |             |  |  |  |  |
|        | At least one of the debtors and another                         | Debts to pension or profit-sharing plans, and other similar debts   |             |  |  |  |  |
|        | Check if this claim relates to a community debt                 | Other. Specify unsecured  |             |  |  |  |  |
|        | Is the claim subject to offset?                                 | _   |             |  |  |  |  |
|        | ✓ No  |   |             |  |  |  |  |
|        | Yes   |   |             |  |  |  |  |
| 4.5    | Cook County Hospital Nonpriority Creditor's Name                | Last 4 digits of account number   | \$40,000.00 |  |  |  |  |
|        | 25706 Network Place   | When was the debt incurred?n/a  |             |  |  |  |  |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |  |  |  |  |
|        |   | - Contingent  |             |  |  |  |  |
|        | Chicago Illinois 60673  | Unliquidated  |             |  |  |  |  |
|        | City State Zip Code   | _ Disputed  |             |  |  |  |  |
|        | Who incurred the debt? Check one.  Debtor 1 only                | Type of NONPRIORITY unsecured claim:  |             |  |  |  |  |
|        | <u> </u>  | Student loans   |             |  |  |  |  |
|        | Debtor 2 only  Debtor 1 and Debtor 2 only                       | Obligations arising out of a separation agreement or  |             |  |  |  |  |
|        | At least one of the debtors and another                         | divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar |             |  |  |  |  |
|        | 브   | debts   |             |  |  |  |  |
|        | Check if this claim relates to a community debt                 | Other. Specify unsecured  |             |  |  |  |  |
|        | Is the claim subject to offset?                                 |   |             |  |  |  |  |
|        |   |   |             |  |  |  |  |
|        | Yes   |   |             |  |  |  |  |
| 4.6    | Dish Network Nonpriority Creditor's Name                        | Last 4 digits of account number   | \$80.00     |  |  |  |  |
|        | 9601 S Meridian Blvd  | When was the debt incurred?n/a  |             |  |  |  |  |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |  |  |  |  |
|        |   | - Contingent  |             |  |  |  |  |
|        | Englewood Colorado 80112  | Unliquidated  |             |  |  |  |  |
|        | City State Zip Code   | Disputed  |             |  |  |  |  |
|        | Who incurred the debt? Check one.  Debtor 1 only                | Type of NONPRIORITY unsecured claim:  |             |  |  |  |  |
|        | Debtor 2 only   | Student loans   |             |  |  |  |  |
|        | Debtor 1 and Debtor 2 only                                      | Obligations arising out of a separation agreement or divorce that you did not report as priority claims         |             |  |  |  |  |
|        | At least one of the debtors and another                         | Debts to pension or profit-sharing plans, and other similar   |             |  |  |  |  |
|        | Check if this claim relates to a community debt                 | debts  Other. Specify unsecured   |             |  |  |  |  |
|        | Is the claim subject to offset?                                 | V Stron. opoony unboodied   |             |  |  |  |  |
|        | <b>✓</b> No   |   |             |  |  |  |  |
|        | Yes   |   |             |  |  |  |  |

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| Part 2 | Your NONPRIORITY Unsecured Claims - Continuation                | n Page  |                                |
|--------|---|---|--------------------------------|
|        | After listing any entries on this page, number them beginning w | rith 4.5, followed by 4.6, and so forth.  | Total claim                    |
| 4.7    | DIVERSIFIED CONSULTANT  | <ul> <li>Last 4 digits of account number 70**</li> </ul>  | \$81.00                        |
|        | Nonpriority Creditor's Name<br>10550 DEERWOOD PARK BLVD         | When was the debt incurred? 5/2018  |                                |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  |                                |
|        |   | Contingent  |                                |
|        | JACKSONVILLE Florida 32256                                      | - Unliquidated  |                                |
|        | City State Zip Code  Who incurred the debt? Check one.          | Disputed  |                                |
|        | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |                                |
|        | Debtor 2 only   | Student loans   |                                |
|        | Debtor 1 and Debtor 2 only                                      | Obligations arising out of a separation agreement or  |                                |
|        | At least one of the debtors and another                         | divorce that you did not report as priority claims  |                                |
|        | Check if this claim relates to a community debt                 | Debts to pension or profit-sharing plans, and other similar debts                                       |                                |
|        | Is the claim subject to offset?                                 | 001 Collection; Collecting for ORIGINAL CREDITOR:   |                                |
|        | <b>▼</b> No   | Other. Specify COMCAST  |                                |
|        | Yes   |   |                                |
| 4.8    | G C SERVICES  | Last 4 digits of account number 5***  | \$142.00                       |
|        | Nonpriority Creditor's Name<br>6330 GULFTON ST STE 400          | When was the debt incurred? 3/2018  |                                |
|        | Number Street   | As of the date you file, the claim is: Check all that apply.  |                                |
|        |   | Contingent  |                                |
|        | HOUSTON Texas 77081 City State Zip Code                         | Unliquidated  |                                |
|        | Who incurred the debt? Check one.                               | Disputed  |                                |
|        | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |                                |
|        | Debtor 2 only   | Student loans   |                                |
|        | Debtor 1 and Debtor 2 only                                      | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                                |
|        | At least one of the debtors and another                         | Debts to pension or profit-sharing plans, and other similar   |                                |
|        | Check if this claim relates to a community debt                 | debts   |                                |
|        | Is the claim subject to offset?                                 | O01 Collection; Collecting for Other. Specify ORIGINAL CREDITOR: SPRINT                                 |                                |
|        | Yes   |   |                                |
| 4.5    | <u> </u>  |   | <b>** ** ** ** ** ** ** **</b> |
| 4.9    | Genesis FS Card Services Nonpriority Creditor's Name            | Last 4 digits of account number   | \$1,100.00                     |
|        | PO Box 4480<br>Number Street                                    | When was the debt incurred?n/a  |                                |
|        | Tidingo.  | As of the date you file, the claim is: Check all that apply.  |                                |
|        |   | - Contingent  |                                |
|        | Beaverton Oregon 97076  | Unliquidated  |                                |
|        | City State Zip Code  Who incurred the debt? Check one.          | Disputed  |                                |
|        | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |                                |
|        | Debtor 2 only   | Student loans  Obligations griding out of a congretion agreement or                                     |                                |
|        | Debtor 1 and Debtor 2 only                                      | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                                |
|        | At least one of the debtors and another                         | Debts to pension or profit-sharing plans, and other similar debts                                       |                                |
|        | Check if this claim relates to a community debt                 | Other. Specify unsecured  |                                |
|        | Is the claim subject to offset?                                 |   |                                |
|        | ✓ No  |   |                                |
|        | Yes   |   |                                |

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Debtor 1 Narad Persadsingh Case number (if known) First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** I C SYSTEM INC 4.10 \$154.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 3/2018 PO BOX 64378 Number Street As of the date you file, the claim is: Check all that apply. Contingent SAINT PAUL 55164 Minnesota Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? ✓ ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA Yes 4.11 **IDOR-Bankruptcy Section** \$3,600.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 64338 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60664 Chicago Illinois Citv State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_ unsecured taxes Is the claim subject to offset? **✓** No Yes Internal Revenue Service \$34,132.13 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P.O. Box 7346 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Philadelphia 19101 Pennsylvania City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only

✓ No Yes

At least one of the debtors and another

Is the claim subject to offset?

Check if this claim relates to a community debt

debts

Other. Specify \_

divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar

unsecured taxes

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Debtor 1 Narad R Persadsingh Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** MERRICK BANK CORP 4.13 \$2,763.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 9201 When was the debt incurred? 2/2014 Number Street As of the date you file, the claim is: Check all that apply. Contingent **OLD BETHPAGE** 11804 New York Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: ◪ Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify CreditCard Is the claim subject to offset? ◪ Yes 4.14 MIDWEST RECEIVABLE SOL \$459.00 1768 Last 4 digits of account number Nonpriority Creditor's Name 2323 GULL RD STE E When was the debt incurred? 4/2018 Number Street As of the date you file, the claim is: Check all that apply. Contingent KALAMAZOO Michigan 49048 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? |✓| ORIGINAL CREDITOR: PEOPLES **✓** No Other. Specify GAS Yes 4.15 NATIONWIDE CAC LLC \$6,222.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 3435 N CICERO AVE 9/2009 Number Street As of the date you file, the claim is: Check all that apply. Contingent CHICAGO 60641 Illinois Unliquidated Zip Code City State Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt

No Yes

Is the claim subject to offset?

debts

Other. Specify

048 Automobile

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Debtor 1 Narad Persadsingh Case number (if known) First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 PLS Financial Services, Inc. \$1,000.00 - Last 4 digits of account number Nonpriority Creditor's Name One South Wacker Drive, 36th Floor When was the debt incurred? n/a Street As of the date you file, the claim is: Check all that apply. Attn: Gillian Madsen - Corporate Counsel Contingent Unliquidated 60606 Illinois Chicago City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ Title Loan Is the claim subject to offset? No  $\overline{\phantom{a}}$ Yes WESTLAKE FINANCIAL SVC \$21,276.00 Last 4 digits of account number 2417 Nonpriority Creditor's Name When was the debt incurred? 10/2017 4751 WILSHIRE BLVD STE 1 Number Street As of the date you file, the claim is: Check all that apply. Contingent LOS ANGELES California 90010 Unliquidated Citv State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify 048 Automobile Is the claim subject to offset?

✓ No Yes Case 18-22961 Doc 1 Filed 08/14/18 Entered 08/14/18 16:54:17 Desc Main Document Page 30 of 77

| otor 1 Nara      | ad                        | R  |  | Persadsingh                         | Case  | number (if known)   |  |  |
|------------------|---------------------------|--|--|-------------------------------------|---|---|--|--|
| First            | t Name                    | Mic  | dle Name                                 | Last Name                           |   |   |  |  |
| t 3: List        | t Others to I             | Be Notified Abo                            | out a Debt That Y                        | ou Already Liste                    | ed  |   |  |  |
| collection       | on agency is on agency he | trying to collect for re. Similarly, if yo | from you for a debt<br>ou have more than | you owe to some one creditor for ar | one else, list the only of the debts the            | ou already listed in Parts 1 or 2. For example, if a original creditor in Parts 1 or 2, then list the at you listed in Parts 1 or 2, list the additional or 2, do not fill out or submit this page. |  |  |
| Penn Co          | orporation                |  |  | On which entr                       | v in Part 1 or Par                                  | t 2 did you list the original creditor?   |  |  |
| PO Box           | 1259                      | 9  |  | Line 4.5                            | of (Check   | Part 1: Creditors with Priority Unsecured Claims  |  |  |
| Number           | Street                    |  | _  | one):                               | Part 2: Creditors with Nonpriority Unsecured Claims |   |  |  |
| Oaks             |                           | Pennsylvania                               | 19456                                    | Last 4 digits o                     | digits of account number                            |   |  |  |
| City             |                           | State                                      | Zip Code                                 | Lust + digits o                     | n account name                                      | ' <u></u>   |  |  |
| Ashley F<br>Name | urniture                  |  |  | On which entr                       | y in Part 1 or Par                                  | t 2 did you list the original creditor?   |  |  |
| 1930 M           | t Zion Road               |  |  | Line 4.9                            | of (Check   | Part 1: Creditors with Priority Unsecured Claims  |  |  |
| Number           | Street                    |  |  | _                                   | one):   | Part 2: Creditors with Nonpriority Unsecured Claims   |  |  |
| Morrow           |                           | Georgia                                    | 30260                                    | Last 4 digits o                     | of account numbe                                    | r   |  |  |
| City             |                           | State                                      | Zip Code                                 | uigito o                            | account numbe                                       | ·   |  |  |

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Debtor 1 Narad R Persadsingh Case number (if known)
First Name Middle Name Last Name

| 111001140                | Widdle Hallo Last Hallo   |       |                              |        |
|--------------------------|---|-------|------------------------------|--------|
| Part 4: Add th           | ne Amounts for Each Type of Unsecured Claim   |       |                              |        |
|                          | mounts of certain types of unsecured claims. This information is nounts for each type of unsecured claim.   | for s | tatistical reporting purpose | s only |
|                          |   |       | Total claims                 |        |
| Total claims from Part 1 | 6a. Domestic support obligations.   | 6a.   | \$0.00                       |        |
|                          | 6b. Taxes and certain other debts you owe the government  | 6b.   | \$44,173.73                  |        |
|                          | 6c. Claims for death or personal injury while you were intoxicated  | 6c.   | \$0.00                       |        |
|                          | 6d. Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d.   | \$0.00                       |        |
|                          | 6e. Total. Add lines 6a through 6d.   | 6e.   | \$44,173.73                  |        |
|                          |   |       | Total claims                 |        |
| Total claims from Part 2 | 6f. Student loans   | 6f.   | \$0.00                       |        |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.   | \$0.00                       |        |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.   | \$0.00                       |        |
|                          | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i.   | \$115,734.13                 |        |
|                          | 6j. Total. Add lines 6f through 6i.   | 6j.   | \$115,734.13                 |        |

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| Fill in this information to identify your case: |                           |             |                              |  |  |  |  |  |
|---|---------------------------|-------------|------------------------------|--|--|--|--|--|
| Debtor 1  | Narad                     | R           | Persadsingh                  |  |  |  |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |  |  |  |
| Debtor 2  | Mercedes                  | M           | Rampersadsingh               |  |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |  |  |
| Case number                                     | -                         |             |                              |  |  |  |  |  |

#### Official Form 106G

### Check if this is an amended filing

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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| Fill in this information to identify your case: |                           |             |                              |  |  |  |  |  |
|---|---------------------------|-------------|------------------------------|--|--|--|--|--|
| Debtor 1  | Narad                     | R           | Persadsingh                  |  |  |  |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |  |  |  |
| Debtor 2  | Mercedes                  | M           | Rampersadsingh               |  |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |  |  |
| Case number<br>(If known)                       |                           |             |                              |  |  |  |  |  |

| П | Check if this is an |
|---|---------------------|
|   | amended filing      |

#### Official Form 106H

#### **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| Known             | ı). Answer  | every question.           |                                |                                |              |   |  |  |
|-------------------|---|---------------------------|--------------------------------|--------------------------------|--------------|---|--|--|
| 1.                | Do you ha   | ave any codebtors? (If yo | ou are filing a joint case, do | not list either spouse as a co | debtor.)     |   |  |  |
|                   | ☐ No  |                           |                                |                                |              |   |  |  |
|                   | ✓ Yes   |                           |                                |                                |              |   |  |  |
| 2.                | Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) |                           |                                |                                |              |   |  |  |
| No. Go to line 3. |   |                           |                                |                                |              |   |  |  |
|                   | Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?   |                           |                                |                                |              |   |  |  |
|                   | <b>✓</b>  | No                        |                                |                                |              |   |  |  |
|                   |   | Yes. In which communit    | y state or territory did you   | live?                          | . Fill in th | ne name and current address of that person.   |  |  |
|                   |   | Name of your spouse, for  | mer spouse, or legal equiva    | lent                           | _            |   |  |  |
|                   |   |                           |                                |                                | _            |   |  |  |
|                   |   | Number Street             |                                |                                |              |   |  |  |
|                   |   | City                      | State                          | Zip Code                       | -            |   |  |  |
| 3.                | again as  | a codebtor only if that p | erson is a guarantor or c      | osigner. Make sure you ha      | ve liste     | use is filing with you. List the person shown in line 2 d the creditor on <i>Schedule D</i> (Official Form 106D), chedule E/F, or <i>Schedule G</i> to fill out Column 2. |  |  |
|                   | Column 1  | 1: Your codebtor          |                                |                                | Colu         | mn 2: The creditor to whom you owe the debt   |  |  |
|                   |   |                           |                                |                                | Che          | ck all schedules that apply:  |  |  |
| 3.1               | Rampersa<br>Name  | adsingh, Kishan           |                                |                                | - П          | Schedule D, line  |  |  |
|                   | Name  | 2807 W. Touhy             |                                |                                |              | Schedule E/F, line4.1   |  |  |
|                   | Number  | Street                    |                                |                                | =            | Schedule G, line  |  |  |
|                   | Chicago   |                           | Illinois                       | 60645                          | _ ⊔          | oorieduie a, iii ie   |  |  |
|                   | City  |                           | State                          | Zip Code                       |              |   |  |  |

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|  |  | Do   | cument Paç   | ge 34 of 77          |  |            |
|--|--|--|--|----------------------|--|------------|
| Fill in this inf   | formation to identify                          | your case:   |  |                      |  |            |
| Debtor 1  Debtor 2 (Spouse, if filing)   | Narad First Name Mercedes First Name           | R<br>Middle Name<br>M<br>Middle Name                               | Persadsingh<br>Last Name<br>Rampersadsi<br>Last Name | ingh                 | Check if this is:  An amended filing   |            |
|  | Bankruptcy Court for                           | Northern   | District of Illinois (State)                         |                      | A supplement showing post-petitic expenses as of the following date:  MM / DD / YYYY |            |
| Official   | Form 106I                                      |  |  |                      |  |            |
|  | le I: Your In                                  | come   |  |                      |  | 12/15      |
| spouse. If mo<br>number (if kr   |  | , attach a separate she<br>y question.                             |  |                      | u, do not include information abou<br>additional pages, write your name              |            |
| 1. Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part time, seasonal, or self-employed work. |  | Employment status  Occupation  Employer's name  Employer's address | Debtor 1  ☐ Employed  ✓ Not Employed                 | i                    | Debtor 2  ☐ Employed ☐ Not Employed  |            |
|  | n may include student<br>aker, if it applies.  |  | Number Street  City                                  | State Zip C          | Number Street  Ode City State Z  | žip Code   |
|  |  | How long employed there?   |  |                      |  |            |
| Part 2: Giv  | e Details About N                              | Ionthly Income   |  |                      |  |            |
|  | onthly income as of t<br>ss you are separated. | he date you file this for  | <b>m.</b> If you have nothing                        | to report for any    | line, write \$0 in the space. Include your   | non-filing |
|  | non-filing spouse have attach a separate she   |  | , combine the informa                                | ation for all employ | yers for that person on the lines below. I   | f you need |
|  |  |  |  | For Debtor 1         | For Debtor 2 or non-filing spouse  |            |
|  |  | ary, and commissions (before a calculate what the monthly          |  | \$1                  | 0.00 \$0.00  |            |

+ \$0.00

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

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| Debto                 | or 1Narad   |  | Persadsingh         | Case number                | r (if              |       |                     |
|-----------------------|---|--|---------------------|----------------------------|--------------------|-------|---------------------|
|                       | First Name  | Middle Name  | Last Name           | known) For Debtor 1        | For Debtor 2 or    |       |                     |
|                       |   |  | <b>→</b> 4.         | Φ0.00                      | non-filing spouse  |       |                     |
| _                     | y line 4 here   | ••   |                     | \$0.00                     | \$0.00             |       |                     |
|                       | all payroll ded   |  | Fo                  | <b>\$0.00</b>              | <b>#0.00</b>       |       |                     |
|                       |   | and Social Security deductions   | 5a.                 | \$0.00                     | \$0.00             |       |                     |
|                       | •   | ntributions for retirement plans   | 5b.                 | \$0.00                     | \$0.00             |       |                     |
|                       | -   | ributions for retirement plans   | 5c.                 | \$0.00                     | \$0.00             |       |                     |
|                       | •   | yments of retirement fund loans  | 5d.                 | \$0.00                     | \$0.00             |       |                     |
|                       | Insurance   | and the second   | 5e.                 | \$0.00                     | \$0.00             |       |                     |
|                       | Domestic supp   | ort obligations  | 5f.                 | \$0.00                     | \$0.00             |       |                     |
| _                     | Union dues  |  | 5g.                 | \$0.00                     | \$0.00             |       |                     |
|                       |   | ons. Specify:  |                     | \$0.00 +                   |                    |       |                     |
| 6. <b>Add</b><br>+5h. | the payroll ded   | <b>ductions.</b> Add lines 5a + 5b + 5c + 5d + 5e +5   | of + 5g 6.          | \$0.00                     | \$0.00             |       |                     |
| 7. Cald               | culate total mo   | nthly take-home pay. Subtract line 6 from line   | e 4. 7.             | \$0.00                     | \$0.00             |       |                     |
| 8. List               | all other incon   | ne regularly received:   |                     |                            |                    |       |                     |
| 8a.                   | Net income fro business, profe  | m rental property and from operating a ession, or farm   |                     |                            |                    |       |                     |
|                       |   | ent for each property and business showing ordinary and necessary business expenses, and   | 1                   |                            |                    |       |                     |
|                       | the total monthl  |  | 8a.                 | \$0.00                     | \$0.00             |       |                     |
| 8b.                   | Interest and di   | vidends  | 8b.                 | \$0.00                     | \$0.00             |       |                     |
| 8c.                   | Family support dependent reg  | payments that you, a non-filing spouse, or<br>ularly receive   | а                   |                            |                    |       |                     |
|                       |   | , spousal support, child support, maintenance<br>nt, and property settlement.  | ,<br>8c.            | \$0.00                     | \$0.00             |       |                     |
| 8d.                   | Unemployment  | t compensation   | 8d.                 | \$0.00                     | \$0.00             |       |                     |
| 8e.                   | Social Security   | ,  | 8e.                 | \$1,537.00                 | \$1,130.70         |       |                     |
|                       | Include cash ass<br>cash assistance   | ent assistance that you regularly receive<br>istance and the value (if known) of any non-<br>that you receive, such as food stamps (benefit-<br>emental Nutrition Assistance Program) or<br>es | s<br>8f.            | \$0.0 <u>0</u>             | \$0.0 <u>0</u>     |       |                     |
| 8g.                   | Pension or ret  | rement income  | 8g.                 | \$0.00                     | \$0.00             |       |                     |
| 8h.                   | Other monthly   | income. Specify:   | 8h. +               | \$0.00 +                   | \$0.00             |       |                     |
| 9. <b>Add</b>         | all other incor   | <b>ne</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g  | + 8h. 9.            | \$1,537.00                 | \$1,130.70         |       |                     |
|                       |   | income. Add line 7 + line 9. ne 10 for Debtor 1 and Debtor 2 or non-filing s   | 10.<br>pouse        | \$1,537.00 +               | \$1,130.70         | =     | \$2,667.70          |
| Inc<br>frier          | lude contribution<br>nds or relatives.  | gular contributions to the expenses that yo<br>is from an unmarried partner, members of your<br>amounts already included in lines 2-10 or amo  | r household, your   | dependents, your roomn     |                    |       |                     |
| Spe                   | ecify:  |  |                     |                            |                    | 11. + | \$0.00              |
|                       | 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. |  |                     |                            |                    |       | ¢0 667 70           |
| VVri                  | te that amount o  | n the Summary of Schedules and Statistical Su  | immary of Certain . | Liabilities and Helated Da | ata, if it applies |       | \$2,667.70 Combined |
| 13. <b>Do</b>         | you expect an No. Yes. Explain:   | increase or decrease within the year after   | you file this form  | ?                          |                    |       | monthly income      |
|                       | _   |  |                     |                            |                    |       |                     |

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| Fill in this infor        | mation to identify your  | case:            |                              |
|---------------------------|--------------------------|------------------|------------------------------|
| Debtor 1                  | Narad                    | R                | Persadsingh                  |
| Debtor 2                  | First Name<br>Mercedes   | Middle Name<br>M | Last Name<br>Rampersadsingh  |
| (Spouse, if filing)       | First Name               | Middle Name      | Last Name                    |
| United States B           | Bankruptcy Court for the | e: Northern      | District of Illinois (State) |
| Case number<br>(If known) |                          |                  | . ,                          |

#### Official Form 106J

#### **Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| <u></u>  |   |                            |                                |
|--|---|----------------------------|--------------------------------|
| Part 1: Describe Your Household  |   |                            |                                |
| 1. Is this a joint case?   |   |                            |                                |
| No. Go to line 2   |   |                            |                                |
| Yes. Does Debtor 2 live in a separate househo  | old?  |                            |                                |
| <b>✓</b> No  |   |                            |                                |
| Yes. Debtor 2 must file Official Forms 1   | 06J-2, Expenses for Separate Household of Debte               | or 2.                      |                                |
| 2. Do you have dependents? No  |   |                            |                                |
| Do not list Debtor 1 and Debtor 2. Yes. Fill out this info each dependent                              | ormation for Dependent's relationship to Debtor 1 or Debtor 2 |                            | oes dependent live<br>ith you? |
| 3. Do your expenses include expenses of people other than yourself and your dependents?                |   |                            |                                |
| Part 2: Estimate Your Ongoing Monthly Experies Estimate your expenses as of your bankruptcy filing of  |   | ement in a Chapter 13 cas  | se to report                   |
| expenses as of a date after the bankruptcy is filed. If applicable date.                               | this is a supplemental Schedule J, check the                  | box at the top of the form | n and fill in the              |
| Include expenses paid for with non-cash government such assistance and have included it on Schedule I: | •   |                            | Your expenses                  |
| 4. The rental or home ownership expenses for your any rent for the ground or lot. 4.                   | residence. Include first mortgage payments and                |                            | <b>\$1,500.00</b>              |
| If not included in line 4:   |   |                            |                                |
| 4a. Real estate taxes  |   |                            | 4a <b>\$0.00</b>               |
| 4b. Property, homeowner's, or renter's insurance   |   | 4                          | 4b. <b>\$0.00</b>              |
| 4c. Home maintenance, repair, and upkeep expenses  | 3   |                            | 4c. <b>\$0.00</b>              |
| 4d. Homeowner's association or condominium dues  | 3   | 4                          | 4d. <b>\$0.00</b>              |

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Debtor 1 Narad R Persadsingh Case number (if known)
First Name Middle Name Last Name

| 6. Utilities:  6. Ederfriotly, heat, natural gas 6. Ederfriotly, heat, saver, garbage collection 6. C. Telephone, cell phone, Internet, satellite, and cable services 6. C. Telephone, cell phone, Internet, satellite, and cable services 6. C. Telephone, cell phone, Internet, satellite, and cable services 6. C. Telephone, cell phone, Internet, satellite, and cable services 6. Childcare and children's education costs 8. \$0,00. 8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$25,00. 10. Personal care products and services 10. \$15,00. 11. Medical and dental expenses 11. \$10,00. 12. Transportation. Include gas, maintenance, bus or train fare. Do not include care payments 12. Transportation. Include gas, maintenance, bus or train fare. Do not include care payments 13. \$0,00. 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15. Lite insurance 15. Eder insurance 15. Child insura  | i iist Name iviidule Name Last Name  |     |               |
|--|--|-----|---------------|
| 6. Utilities:  6. Ederfriotly, heat, natural gas 6. Ederfriotly, heat, saver, garbage collection 6. C. Telephone, cell phone, Internet, satellite, and cable services 6. C. Telephone, cell phone, Internet, satellite, and cable services 6. C. Telephone, cell phone, Internet, satellite, and cable services 6. C. Telephone, cell phone, Internet, satellite, and cable services 6. Childcare and children's education costs 8. \$0,00. 8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$25,00. 10. Personal care products and services 10. \$15,00. 11. Medical and dental expenses 11. \$10,00. 12. Transportation. Include gas, maintenance, bus or train fare. Do not include care payments 12. Transportation. Include gas, maintenance, bus or train fare. Do not include care payments 13. \$0,00. 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15. Lite insurance 15. Eder insurance 15. Child insura  |  |     | Your expenses |
| 6a. Electricity, heat, natural gas         6a. 90.00           6b. Water, sewre, garbage collection         6b. 50.00           6b. C. Telephone, cell phone, Internet, satellite, and cable services         6c. 3135.00           6d. Other, Specify:         6d         50.00           7. Food and housekeeping supplies         7. \$500.00           8. Childcare and childran's education costs         8. \$0.00           9. Clothing, laundry, and dry cleaning         9. \$25.00           10. Personal care products and services         10. \$15.00           11. Medical and dental expenses         11. \$100.00           12. Transportation. Include gas, maintenance, bus or train fare. Do not include care payments         12. \$100.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13. \$0.00           14. Charitable contributions and religious donations         14. \$25.00           15. Insurance.         15. Insurance           Do not include insurance deducted from your pay or included in lines 4 or 20.         15a. Life insurance         15a. \$400.00           15d. Uter insurance. Specify:         15a. \$400.00         \$0.00           15d. Other insurance. Specify:         16         \$0.00           15d. Other insurance. Specify:         16         \$0.00           15d. Car payments for Vehicle 1         17a. \$0.00  | 5. Additional mortgage payments for your residence, such as home equity loans  | 5.  | \$0.00        |
| 6b. Water, sewer, garbage collection 6c. 15135.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. 15135.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. 15135.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. 15135.00 6c. The Chief, Specify: 7. Food and housekeeping supplies 7. Seoo00 7. Food and housekeeping supplies 7. Seoo00 8. Childcare and children's education costs 8. So00 9. Clothing, laundry, and dry cleaning 9. \$255.00 10. Personel care products and services 11. Medical and dental expenses 11. Seoo00 11. Medical and dental expenses 11. Seoo00 11. Medical and dental expenses 11. Seoo00 12. Transportation, include gas, maintenance, bus or train fare. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Seoo00 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Comparison of the contribution of the c  | 6. Utilities:  |     |               |
| 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Spacify: 6d. Other. Spacify: 7. Food and housekeeping supplies 8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$25.00. 10. Personal care products and services 11. Medical and dental expenses 11. Transportation. Include gas, maintenance, bus or train føre. Do not include acr payments 12. \$100.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Other insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17e. Other. Specif   | 6a. Electricity, heat, natural gas   | 6a. | \$0.00        |
| 6d. Other. Specify:  6d. 850.00 7. Food and housekeeping supplies 7. \$500.00 8. Childcare and children's education costs 8. \$0.00 9. \$25.00 10. Personal care products and services 10. \$15.00 11. Medical and dental expenses 11. \$10.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0.00 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15r. Insurance 15r. Transportation include taxes deducted from your pay or included in lines 4 or 20. 15r. Insurance 15r. Transportation in the service of th   | 6b. Water, sewer, garbage collection   | 6b. | \$0.00        |
| 7. Food and housekeeping supplies       7.       \$800.00         8. Childcare and children's education costs       8.       \$20.00         9. Clothing, laundry, and dry cleaning       9.       \$25.00         10. Personal care products and services       10.       \$15.00         11. Medical and dental expenses       11.       \$10.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include care payments       13.       \$0.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$55.00         15. Insurance.       15.       \$400.00         Do not include insurance deducted from your pay or included in lines 4 or 20.       15a.       \$400.00         15b. Health insurance       15b. Secondary       15d.       \$0.00         15c. Vehicle insurance. Specify:       15d.       \$0.00         15c. Vehicle insurance. Specify:       15d.       \$0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         Specify:       17d.       \$0.00         17c. Car payments for Vehicle 1       17a.       \$0.00         17c. Car payments for Vehicle 2       17b.       \$0.00   | 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c. | \$135.00      |
| 7. Food and housekeeping supplies       7.       \$800.00         8. Childcare and children's education costs       8.       \$20.00         9. Clothing, laundry, and dry cleaning       9.       \$25.00         10. Personal care products and services       10.       \$15.00         11. Medical and dental expenses       11.       \$10.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include care payments       13.       \$0.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$55.00         15. Insurance.       15.       \$400.00         Do not include insurance deducted from your pay or included in lines 4 or 20.       15a.       \$400.00         15b. Health insurance       15b. Secondary       15d.       \$0.00         15c. Vehicle insurance. Specify:       15d.       \$0.00         15c. Vehicle insurance. Specify:       15d.       \$0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         Specify:       17d.       \$0.00         17c. Car payments for Vehicle 1       17a.       \$0.00         17c. Car payments for Vehicle 2       17b.       \$0.00   | 6d. Other. Specify:  | 6d  | \$0.00        |
| 9. Clothing, laundry, and dry cleaning 9. \$25.00 10. Personal care products and services 11. \$10.00 11. Medical and dental expenses 11. \$10.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0.00 14. Charitable contributions and religious donations 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance insurance include taxes deducted from your pay or included in lines 4 or 20. Specify: 17d. Car payments for Vehicle 1 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18. Specify: 19. Specify: 19. Specify: 19. Specify: 19. Specify: 19. Specify: 19. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20b. Specify: 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20c. Specify: 20c. Property, homeowner's, or renter's insurance 20c. Specify: 20d. Maintenance, repair, and upkeep expenses.   | 7. Food and housekeeping supplies  | 7.  | \$500.00      |
| 10. Personal care products and services       10. \$15.00         11. Medical and dental expenses       11. \$10.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12. \$100.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13. \$0.00         14. Charitable contributions and religious donations       14. \$25.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. \$400.00         15b. Health insurance       15b. \$30.00         15c. Vehicle insurance. Specify:       15d. \$400.00         15d. Other insurance. Specify:       15d. \$50.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$50.00         Specify:       16       \$0.00         17. Installment or lease payments:       16       \$0.00         17. Lord payments for Vehicle 1       17a. \$0.00       \$0.00         17b. Car payments for Vehicle 2       17b. \$0.00       \$0.00         17c. Other. Specify:       17c. \$0.00       \$0.00         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Prom 106I).       18.         19. Other payments you make to support others who do not live with you.       \$0.00  | 8. Childcare and children's education costs  | 8.  | \$0.00        |
| 11. Medical and dental expenses       11.       \$10.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12.       \$100.00         12. On not include car payments       13.       \$50.00         14. Charitable contributions and religious donations       14.       \$25.00         15. Instantanement, clubs, recreation, newspapers, magazines, and books       13.       \$50.00         15. Instance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a       \$400.00         15b. Health insurance       15b       \$0.00<  | 9. Clothing, laundry, and dry cleaning   | 9.  | \$25.00       |
| 12. Transportation, Include gas, maintenance, bus or train fare. Do not include car payments 13. So.oc 14. Charitable contributions and religious donations 14. \$25,0c 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: 15c. Vehicle insurance. Specify: 15c. Vehicle insurance. Specify: 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Vehicle insurance. Specify: 15d. So.oc 15d. Other insurance. Specify: 15d. So.oc 15d. Other insurance. Specify: 16 17d. Car payments for Vehicle 1 17a. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18. Your payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Your payments you make to support others who do not live with you. Specify: 19. So.oc 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20b. So.oc 20c. Property, homeowner's, or renter's insurance 20c. So.oc 20d. Maintenance, repair, and upkeep expenses.   | 10. Personal care products and services  | 10. | \$15.00       |
| Do not include car payments   13. Entertainment, clubs, recreation, newspapers, magazines, and books   13. \$0.00  | 11. Medical and dental expenses  | 11. | \$10.00       |
| 14. Charitable contributions and religious donations       14. \$25.00         15. Insurance.       15a. Insurance         Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance         15b. Health insurance       15b. S0.00         15c. Vehicle insurance       15c. S0.00         15d. Other insurance. Specify:       15d. S0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       5pecify:         Specify:       16         17. Installment or lease payments:       17a         17a. Car payments for Vehicle 1       17a         17b. Car payments for Vehicle 2       17b         17c. Other. Specify:       17c         17d. Other. Specify:       17d         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).       18.         19. Other payments you make to support others who do not live with you.       5pecify:       19.         20a. Mortgages on other property       20a       50.00         20b. Real estate taxes.       20b       50.00         20c. Property, homeowner's, or renter's insurance       20c       50.00         20c. Property, homeowner's, or renter's insurance       20d       50.00   | <ol> <li>Transportation. Include gas, maintenance, bus or train fare.</li> <li>Do not include car payments</li> </ol>  | 12. | \$100.00      |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b S400.00 15b. Health insurance 15b S0.00 15c. Vehicle insurance 15c Schedule 15c Sc   | 13. Entertainment, clubs, recreation, newspapers, magazines, and books   | 13. | \$0.00        |
| Do not include insurance   15a   \$400.00     15a   15a   \$400.00     15b   Health insurance   15b   \$0.00     15c   Vehicle insurance   15c   \$0.00     15c   Vehicle insurance   15c   \$0.00     15c   Vehicle insurance   15d   \$0.00     15d   \$0.00 | 14. Charitable contributions and religious donations   | 14. | \$25.00       |
| 15b. Health insurance       15b       \$0.00         15c. Vehicle insurance       15c       \$0.00         15d. Other insurance. Specify:       15d       \$0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       Specify:       16       \$0.00         17. Installment or lease payments:       17. Car payments for Vehicle 1       17a       \$0.00         17b. Car payments for Vehicle 2       17b       \$0.00         17c. Other. Specify:       17c       \$0.00         17d. Other. Specify:       17d       \$0.00         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).       18.         19. Other payments you make to support others who do not live with you.       \$0.00         Specify:       19.       \$0.00         20a. Mortgages on other property       20a       \$0.00         20b. Real estate taxes.       20b       \$0.00         20c. Property, homeowner's, or renter's insurance       20c       \$0.00         20d. Maintenance, repair, and upkeep expenses.       20d       \$0.00  | <ul><li>15. Insurance.</li><li>Do not include insurance deducted from your pay or included in lines 4 or 20.</li></ul> |     |               |
| 15c. Vehicle insurance 15c \$0.00000000000000000000000000000000000   | 15a. Life insurance  | 15a | \$400.00      |
| 15d. Other insurance. Specify:   | 15b. Health insurance  | 15b | \$0.00        |
| 16.   Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   Specify:  | 15c. Vehicle insurance   | 15c | \$0.00        |
| 16.   Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   Specify:  | 15d. Other insurance. Specify:   | 15d | \$0.00        |
| 17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17c. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  | 16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.                            |     |               |
| 17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$0.00  20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  | Specify:   | 16  | \$0.00        |
| 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. So. October real estate taxes. 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses.   | 17. Installment or lease payments:   | 10  |               |
| 17c. Other. Specify:   |  | 17a | \$0.00        |
| 17d. Other. Specify:   | 17b. Car payments for Vehicle 2  | 17b | \$0.00        |
| 17d. Other. Specify:   | 17c. Other. Specify:   | 17c | \$0.00        |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  |  | 17d | \$0.00        |
| 19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00  | 18. Your payments of alimony, maintenance, and support that you did not report as deducted from                        |     | \$0.00        |
| Specify:   |  | 18. |               |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00   |  | 10  | \$0.00        |
| 20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00  |  | 10. |               |
| 20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00  |  | 20a | \$0.00        |
| 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00  | 20b. Real estate taxes.  |     | \$0.00        |
| 20d. Maintenance, repair, and upkeep expenses.  20d \$0.00   | 20c. Property, homeowner's, or renter's insurance  |     | \$0.00        |
|  | 20d. Maintenance, repair, and upkeep expenses.   |     | \$0.00        |
|  | 20e. Homeowner's association or condominium dues   | 20e | \$0.00        |

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| Debtor 1          |   |                           | R                      | Persadsingh   | Case number (if known) |     |   |            |
|-------------------|---|---------------------------|------------------------|---|------------------------|-----|---|------------|
|                   | First Na  | ime                       | Middle Name            | Last Name   |                        |     |   |            |
| 21. <b>Othe</b>   | r. Speci  | ify:                      |                        |   |                        | 21  | _ | \$0.00     |
| 00.0.1            |   |                           |                        |   |                        |     |   |            |
|                   | -   | our monthly expenses      | •                      |   |                        |     |   | \$2,710.00 |
|                   |   | es 4 through 21.          |                        |   |                        |     |   | \$0.00     |
|                   |   | ` .                       | ,                      | , from Official Form 106J-2   |                        |     |   | \$2,710.00 |
| 22c. /            | Add line  | 22a and 22b. The resu     | It is your monthly exp | enses.  |                        | 22. |   |            |
| 23. <b>Calc</b> ı | ılate y   | our monthly net incom     | e.                     |   |                        |     |   |            |
| 23a. (            | Copy lir  | ne 12 (your combined m    | onthly income) from    | Schedule I.   |                        | 23a |   | \$2,667.70 |
| 23b.              | 23b. Copy your monthly expenses from line 22 above. |                           |                        |   |                        |     |   | \$2,710.00 |
|                   |   | t your monthly expense    |                        | ncome.  |                        |     |   | (\$42.30)  |
|                   | The res   | ult is your monthly net i | ncome.                 |   |                        | 23c |   |            |
| For e             | example   | e, do you expect to finis | h paying for your car  | ses within the year after you loan within the year or do you modification to the terms of you | expect your            |     |   |            |
|                   |   | Explain here:             |                        |   |                        |     |   |            |
|                   |   |                           |                        |   |                        |     |   |            |

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| Fill in this information to identify your case: |                           |             |                      |  |  |  |  |  |
|---|---------------------------|-------------|----------------------|--|--|--|--|--|
| Debtor 1  | Narad                     | R           | Persadsingh          |  |  |  |  |  |
|   | First Name                | Middle Name | Last Name            |  |  |  |  |  |
| Debtor 2  | Mercedes                  | М           | Rampersadsingh       |  |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name            |  |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois |  |  |  |  |  |
|   |                           | _           | (State)              |  |  |  |  |  |
| Case number                                     |                           |             |                      |  |  |  |  |  |
| (If known)                                      |                           |             |                      |  |  |  |  |  |

#### Official Form 106Dec

### Check if this is an amended filing

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | 1: Sign Below  |               |   |  |
|-----|--|---------------|---|--|
|     | Did you pay or agree to pay someone who is NOT an attorney to h                                    | nelp you fill | out bankruptcy forms?   |  |
|     | <b>✓</b> No  |               |   |  |
|     | Yes. Name of person  |               | kruptcy Petition Preparer's Notice, Declaration, and<br>Official Form 119). |  |
|     |  |               |   |  |
|     |  |               |   |  |
|     | Under penalty of perjury, I declare that I have read the summary a that they are true and correct. | and schedu    | es filed with this declaration and  |  |
| ×   | /s/ Narad Persadsingh  | ×             | /s/ Mercedes Rampersadsingh   |  |
|     | Signature of Debtor 1  |               | Signature of Debtor 2   |  |
|     | Date 8/14/2018<br>MM/DD/YYYY   |               | Date 8/14/2018<br>MM/DD/YYYY  |  |

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|                              |  |                               | Document                    | Page 40 01 77  |          |                                       |
|------------------------------|--|-------------------------------|-----------------------------|--|----------|---------------------------------------|
| Fill in this info            | rmation to identify your                       | case:                         |                             |  |          |                                       |
| Debtor 1                     | Narad  | R                             | Persadsin                   | ah   |          |                                       |
| Debtor 1                     | First Name                                     | Middle I                      |                             |  |          |                                       |
| Debtor 2                     | Mercedes                                       | М                             | Rampers                     | adsingh  |          |                                       |
| (Spouse, if filing)          | First Name                                     | Middle I                      | ·                           |  |          |                                       |
| United States                | Bankruptcy Court for the                       | Northern                      | District of Illino          |  |          |                                       |
| Case number<br>(If known)    |  |                               | (Stat                       | e)<br>   |          | _                                     |
| Official                     | Form 107                                       |                               |                             |  |          | Check if this is ar<br>amended filing |
|                              |  | - L A <i>cc</i> - : c         |                             | Eilin o fon Danien   |          |                                       |
| Stateme                      | ent of Financia                                | ai Amairs t                   | or individuals              | Filing for Bankru  | иртсу    | 04/16                                 |
| nformation.<br>number (if kr | If more space is need<br>lown). Answer every o | ed, attach a sep<br>question. |                             | together, both are equally  On the top of any addition  Before |          |                                       |
|                              | your current marital s                         |                               |                             |  |          |                                       |
|                              | •  |                               |                             |  |          |                                       |
| <b>✓</b> Ma                  | arried   |                               |                             |  |          |                                       |
| ☐ No                         | t married                                      |                               |                             |  |          |                                       |
|                              |  |                               |                             |  |          |                                       |
| 2. During                    | the last 3 years, have y                       | ou lived anywher              | e other than where you live | ve now?  |          |                                       |
| ☐ No                         |  |                               |                             |  |          |                                       |
|                              |  | rou lived in the las          | t 3 years. Do not include v | where you live now   |          |                                       |
| <b>▼</b> 16                  | s. List all of the places y                    | od lived in the las           | to years. Do not include t  | where you live now.  |          |                                       |
|                              |  |                               |                             |  |          |                                       |
| De                           | btor 1:  |                               | Dates Debtor 1 lived        | Debtor 2:  |          | Dates Debtor 2 lived                  |
|                              |  |                               | there                       |  |          | there                                 |
|                              |  |                               |                             | Same as Debtor 1   |          | Same as Debtor 1                      |
|                              |  |                               |                             |  |          |                                       |
|                              | 22 W. spratt                                   |                               | From 06/2016                |  | _        | From                                  |
| Nu                           | mber Street                                    |                               |                             | Number Street  |          |                                       |
|                              |  |                               | To <u>01/2018</u>           | -  |          | To                                    |
| Ch                           | icago Illinois                                 | 60645                         |                             |  |          |                                       |
| Cit                          | y State  | Zip Code                      |                             | City State   | Zip Code |                                       |
|                              |  |                               |                             | Same as Debtor 1   |          | Same as Debtor 1                      |
|                              |  |                               |                             |  |          |                                       |
| NI                           | mhor Stroot                                    |                               | From                        | Number Street  |          | From                                  |
| Nu                           | mber Street                                    |                               |                             | Mailiber Street  |          | <del></del>                           |
|                              |  |                               | To                          |  |          | To                                    |
|                              |  |                               |                             | -  |          |                                       |
| Cit                          | y State  | Zip Code                      |                             | City State   | Zip Code |                                       |

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states

and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

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Debtor 1 Narad Persadsingh Case number (if known) First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and (before deductions and Check all that apply. exclusions) exclusions) Wages,  $\overline{\mathbf{A}}$ Wages, \$46523.00 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, Wages, \$58000.00 For last calendar year: commissions, commissions, (January 1 to December 31, 2017 bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, \$58000.00 For the calendar year before that: commissions, commissions, (January 1 to December 31, 2016 ) bonuses, tips bonuses, tips YYYY Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income Gross income from Describe below. each source Describe below. each source (before deductions and (before deductions exclusions) and exclusions) \$21,336.00 est. SSI From January 1 of current year until the date you filed for bankruptcy: est. SSI \$32,000.00 For last calendar year: (January 1 to December 31, 2017 \$32,000.00 est. SSI For the calendar year before that: (January 1 to December 31, 2016

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Debtor 1 Narad Persadsingh Case number (if known) Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Amount you still owe Was this payment Dates of payment Total amount paid for Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Number Street Credit card Loan repayment Citv Suppliers or State 7in Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment State City Suppliers or Zip Code vendors

Other

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| tor 1 Narad                                    |   | R  | Pers  | sadsingh                                     | Case number                                 | (if known)  |
|--|---|--|---|--|---|---|
| First Nam                                      | ne  | Middle Name  | Last  | Name   |   |   |
| nsiders inclu<br>corporations<br>agent, includ | ide your relatives; a<br>of which you are a | iny general partners<br>in officer, director, p<br>less you operate as | s; relatives of any g<br>person in control, | jeneral partners; part<br>or owner of 20% or | nerships of which y<br>more of their voting | who was an insider? You are a general partner; g securities; and any managing r domestic support obligations, |
|  | t all payments to a                         | an insider.  |   |  |   |   |
| _  |   |  | Dates of payment                            | Total amount paid                            | Amount you still owe                        | Reason for this payment   |
| Insider's                                      | Name  |  |   |  |   |   |
| Number   | Street                                      |  |   |  |   |   |
| City   | State                                       | Zip Code   |   |  |   |   |
| Insider's                                      | Name  |  |   |  |   |   |
| Number   | Street                                      |  |   |  |   |   |
| City   | State                                       | Zip Code   |   |  |   |   |
| insider?<br>Include paym                       | nents on debts gua                          | ranteed or cosigne   | ed by an insider.                           | Total amount paid                            | Amount you still owe                        | n account of a debt that benefited an  Reason for this payment  |
|  |   |  |   |  |   | Include creditor's name   |
| Insider's                                      | Name  |  |   |  |   |   |
| Number   | Street                                      |  |   |  |   |   |
| City   | State                                       | Zip Code   |   |  |   |   |
| Insider's                                      | Name  |  |   |  |   |   |
| Number   | Street                                      |  |   |  |   |   |
|  | _   |  |   |  |   |   |
| City   | State                                       | Zip Code   |   |  |   |   |

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Debtor 1 Narad Persadsingh Case number (if known) Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Nature of the case Status of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded Citv State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| Debt | tor 1    | Narad  | R                     | Persadsingh                  | Case number (if known)       |                          |                    |
|------|----------|--|-----------------------|------------------------------|------------------------------|--------------------------|--------------------|
|      |          | First Name   | Middle Name           | Last Name                    |                              |                          |                    |
| 11.  |          | thin 90 days before you filed<br>counts or refuse to make a p    |                       |                              | nk or financial institution, | set off any amou         | nts from your      |
|      | <b>✓</b> | No Yes. Fill in the details.                                     |                       |                              |                              |                          |                    |
|      |          | '  |                       | Describe the action the      | creditor took                | Date action was taken    | Amount             |
|      |          | Creditor's Name  |                       |                              |                              |                          |                    |
|      |          | Number Street  | _                     |                              |                              |                          |                    |
|      |          |  |                       | Last 4 digits of account nu  | mber: XXXX-                  |                          |                    |
|      |          | City State   | Zip Code              |                              |                              |                          |                    |
| 12.  |          | chin 1 year before you filed fo<br>pointed receiver, a custodian |                       |                              | ossession of an assignee fo  | or the benefit of c      | reditors, a court- |
|      | <b>✓</b> | No<br>Yes  |                       |                              |                              |                          |                    |
| Part | 5.       | List Certain Gifts and Co  | ontributions          |                              |                              |                          |                    |
|      |          |  |                       |                              |                              |                          |                    |
| 13.  |          | ithin 2 years before you filed                                   | for bankruptcy, did y | ou give any gifts with a tot | al value of more than \$600  | per person?              |                    |
|      | Ľ        | No Yes. Fill in the details for ea                               | ach gift.             |                              |                              |                          |                    |
|      |          | Gifts with a total value of r<br>per person                      | more than \$600       | Describe the gifts           |                              | Dates you gave the gifts | Value              |
|      |          |  |                       |                              |                              |                          |                    |
|      |          | Person to Whom You Gave t  | he Gift               |                              |                              |                          |                    |
|      |          | Number Street  |                       |                              |                              |                          |                    |
|      |          | City State   | Zip Code              |                              |                              |                          |                    |
|      |          | Person's relationship to you                                     |                       |                              |                              |                          |                    |
|      |          | Person to Whom You Gave t  | he Gift               |                              |                              |                          |                    |
|      |          |  |                       |                              |                              |                          |                    |
|      |          | Number Street  |                       |                              |                              |                          |                    |
|      |          | City State   | Zip Code              |                              |                              |                          |                    |
|      |          | Person's relationship to you                                     |                       |                              |                              |                          |                    |

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| ebtor 1  | Narad                                       | R                        | Persadsingh                       | Case number (if know      | vn)                  |                    |
|----------|---|--------------------------|-----------------------------------|---------------------------|----------------------|--------------------|
|          | First Name                                  | Middle Name              | Last Name                         | <u></u>                   |                      |                    |
|          |   |                          |                                   |                           |                      |                    |
| Wi       | thin 2 years before you                     | filed for bankruptcy, d  | id you give any gifts or contribu | tions with a total value  | of more than \$600   | to any charity?    |
| <b>~</b> | l No  |                          |                                   |                           |                      |                    |
| ¥        |   | or oach aift or contribu | rtion                             |                           |                      |                    |
| L        | res. Fili in the details i                  | or each gift or contribu | JUOTI.                            |                           |                      |                    |
|          | Gifts or contributions                      |                          | Describe what you contri          | buted                     | Date you             | Value              |
|          | that total more than \$                     | 600                      |                                   |                           | contributed          |                    |
|          |   |                          |                                   |                           |                      |                    |
|          | Charity's Name                              |                          | <del>-</del>                      |                           |                      |                    |
|          | orianty orianto                             |                          |                                   |                           |                      |                    |
|          |   |                          |                                   |                           |                      |                    |
|          | Number Street                               |                          | <del>-</del>                      |                           |                      |                    |
|          | Tumbor Guode                                |                          |                                   |                           |                      |                    |
|          | City Stat                                   | e Zip Code               | <del>-</del>                      |                           |                      |                    |
|          |   | ,                        |                                   |                           |                      |                    |
| t 6:     | <b>List Certain Losses</b>                  |                          |                                   |                           |                      |                    |
|          | nin 1 year before you fi<br>nbling?<br>  No | ied for bankruptcy or s  | since you filed for bankruptcy, c | iid you lose anytning bed | cause of theπ, fire, | other disaster, or |
| F        | Yes. Fill in the details.                   |                          |                                   |                           |                      |                    |
|          | Describe the property                       | you lost and             | Describe any insurance of         | coverage for the loss     | Date of your         | Value of property  |
|          | how the loss occurred                       |                          | Include the amount that in        |                           | loss                 | lost               |
|          |   |                          | pending insurance claims of       |                           |                      |                    |
|          |   |                          | A/B: Property.                    |                           |                      |                    |
|          |   |                          |                                   |                           |                      |                    |
|          | List Certain Payme                          |                          |                                   |                           |                      |                    |
|          | No  |                          |                                   |                           |                      |                    |
| ✓        | Yes. Fill in the details.                   |                          |                                   |                           |                      |                    |
|          |   |                          | Description and value of          | any property              | Date payment         | Amount of          |
|          |   |                          | transferred                       |                           | or transfer          | payment            |
|          |   |                          |                                   |                           | was made             |                    |
|          | Semrad Law Firm                             |                          | Attorney's Fee - 0.00             |                           | 8/14/2018            | \$0.00             |
|          | Person Who Was Paid                         |                          |                                   |                           |                      |                    |
|          | 10 N. Martingale Road Number Street         |                          | _                                 |                           |                      |                    |
|          |   |                          |                                   |                           |                      |                    |
|          | Suite 400                                   |                          |                                   |                           |                      |                    |
|          | Schaumburg Illin                            | ois 60173                |                                   |                           |                      |                    |
|          | City Stat                                   |                          | _                                 |                           |                      |                    |
|          |   | ·                        |                                   |                           |                      |                    |
|          | Email or website addres                     | ss                       |                                   |                           |                      |                    |
|          | None  | Danisa and M. N. I. V.   |                                   |                           |                      |                    |
|          | Person Who Made the                         | rayment, if Not You      |                                   |                           |                      |                    |
|          |   |                          |                                   |                           |                      |                    |
|          | Person Who Was Paid                         |                          |                                   |                           |                      |                    |
|          | Number Street                               |                          |                                   |                           |                      |                    |
|          | Number Street                               |                          |                                   |                           |                      |                    |
|          | -   |                          |                                   |                           |                      |                    |
|          |   |                          |                                   |                           |                      |                    |
|          |   |                          |                                   |                           |                      |                    |
|          | City Stat                                   | e Zip Code               | -                                 |                           |                      |                    |
|          |   | •                        | <del>-</del>                      |                           |                      |                    |
|          | City Stat                                   | •                        | <del>-</del><br>-                 |                           |                      |                    |
|          |   | es                       | <del>-</del><br>-<br>-            |                           |                      |                    |

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| Debtor          | Narad   | R   | Persadsingh                                | Case number (if known) |                                   |                              |
|-----------------|---|---|--|------------------------|-----------------------------------|------------------------------|
|                 | First Name  | Middle Name                                       | Last Name                                  |                        |                                   |                              |
| he              | thin 1 year before you filed<br>Ip you deal with your credi<br>not include any payment or<br>No | tors or to make paym                              |  | ehalf pay or transfer  | any property to an                | nyone who promised to        |
| Г               | Yes. Fill in the details.   |   |  |                        |                                   |                              |
|                 | •   |   | Description and value of any p transferred | roperty                | Date payment or transfer was made | Amount of payment            |
|                 | Person Who Was Paid   |   | -  |                        |                                   |                              |
|                 | Number Street   |   |  |                        |                                   |                              |
|                 | City State  | Zip Code  |  |                        |                                   |                              |
| <b>th</b><br>In | e ordinary course of your b   | usiness or financial a<br>and transfers made as s | security (such as the granting of a sec    |                        |                                   |                              |
| _               | 1 100.11  |   | Description and value of prope transferred |                        | property or<br>ceived or debts pa | Date<br>transfer was<br>made |
|                 | Person Who Received Tran  | nsfer   | -  |                        |                                   |                              |
|                 | Number Street   |   |  |                        |                                   |                              |
|                 | City State<br>Person's relationship to yo   | Zip Code<br>u                                     | -  |                        |                                   |                              |
|                 | Person Who Received Tran  | nsfer   |  |                        |                                   |                              |
|                 | Number Street   |   |  |                        |                                   |                              |
|                 | City State<br>Person's relationship to yo   | Zip Code<br>u                                     | -  |                        |                                   |                              |
| be              | thin 10 years before you fil<br>neficiary?<br>nese are often called asset-pro                   |   | d you transfer any property to a sel       | f-settled trust or sim | ilar device of whic               | h you are a                  |
| <u> </u>        | No Yes. Fill in the details.  |   |  |                        |                                   |                              |
| _               | 1.55.1  |   | Description and value of the               | property transferred   |                                   | Date<br>transfer was<br>made |
|                 | Name of trust   |   |  |                        |                                   |                              |

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Debtor 1 Narad Persadsingh Case number (if known) List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number instrument account was before closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City Zip Code State XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code State Zip Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Yes Number Street Number Street Citv State 7in Code

City

State

Zip Code

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Debtor 1 Narad Persadsingh Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. **✓** No Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code State Zip Code **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Date of Environmental law, if you know it notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code Zip Code State 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code

City

State

Zip Code

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| Deb  |          | Narad                                 | R                | alala Nassa      | Persadsingh   | Case r               | number <i>(if k</i> | rnown)        |                                    |                                |
|------|----------|---------------------------------------|------------------|------------------|---|----------------------|---------------------|---------------|------------------------------------|--------------------------------|
|      |          | First Name                            | MI               | ddle Name        | Last Name   |                      |                     |               |                                    |                                |
| 26.  | Hav      | e you been a party                    | y in any judicia | l or administrat | ive proceeding under                                  | any environmenta     | al law? Inc         | lude settleme | ents and orde                      | rs.                            |
|      | <b>✓</b> | No<br>Yes. Fill in the det            | ails.            |                  |   |                      |                     |               |                                    |                                |
|      | _        |                                       |                  | Co               | ourt or agency  |                      | Nature of           | f the case    |                                    | Status of the case             |
|      |          | Case title                            |                  |                  |   |                      |                     |               |                                    | Pending                        |
|      |          |                                       |                  | Co               | ourt Name   | _                    |                     |               |                                    | On appeal                      |
|      |          | Case number                           |                  | Nu               | umberStreet   | _                    |                     |               |                                    | Concluded                      |
|      |          | •                                     |                  | Cir              |   | Zip Code             |                     |               |                                    | _                              |
| Part | 11:      | Give Details Ab                       | oout Your Bu     | siness or Con    | nections to Any Bu                                    | siness               |                     |               |                                    |                                |
| 27.  | Witl     | hin 4 years before                    | you filed for ba | ankruptcy, did y | ou own a business or                                  | have any of the fol  | llowing co          | nnections to  | any business?                      | ?                              |
|      |          |                                       |                  | · ·              | e, profession, or other<br>C) or limited liability pa | -                    | -time or pa         | art-time      |                                    |                                |
|      |          | A partner in a                        |                  | ty Company (LLC  | 5) or inflited liability pa                           | irti lersi iip (LLP) |                     |               |                                    |                                |
|      |          |                                       |                  |                  | of a corporation                                      |                      |                     |               |                                    |                                |
|      | _        | _                                     |                  |                  | uity securities of a corp                             | poration             |                     |               |                                    |                                |
|      |          | No. None of the a Yes. Check all that |                  |                  | etails below for each b                               | ousiness.            |                     |               |                                    |                                |
|      |          |                                       |                  |                  |   | re of the business   | 5                   |               | entification nuital Security nu    |                                |
|      |          | Business Name                         |                  |                  |   |                      |                     | EIN:          |                                    |                                |
|      |          | Number Street                         |                  |                  |   |                      |                     | Dates busine  | ess existed                        |                                |
|      |          | City                                  | State            | Zip Code         | Name of accounta                                      | ant or bookkeeper    | r                   | _             | -                                  |                                |
|      |          | Oity                                  | State            | Zip Code         |   |                      |                     | From          | To                                 |                                |
|      |          |                                       |                  |                  |   |                      |                     |               |                                    |                                |
|      |          |                                       |                  |                  | Describe the natu                                     | re of the business   | 3                   |               | entification ทเ<br>al Security ทเ  |                                |
|      |          | Business Name                         |                  |                  |   |                      |                     | EIN:          |                                    |                                |
|      |          | Number Street                         |                  |                  |   |                      |                     | Dates busine  | ess existed                        |                                |
|      |          | City                                  | State            | Zip Code         | Name of accounta                                      | ant or bookkeeper    | r                   | From          | To                                 |                                |
|      |          | Oily                                  | Claid            | 2.6 0000         |   |                      |                     | F10111        | To                                 |                                |
|      |          |                                       |                  |                  |   |                      |                     |               |                                    |                                |
|      |          |                                       |                  |                  | Describe the natu                                     | re of the business   | 3                   |               | entification nui<br>al Security nu | umber Do not<br>umber or ITIN. |
|      |          | Business Name                         |                  |                  |   |                      |                     | EIN:          |                                    |                                |
|      |          | Number Street                         |                  |                  | Name of accounts                                      | ant or bookkeeper    | ·                   | Dates busine  | ess existed                        |                                |
|      |          | City                                  | State            | Zip Code         | name of account                                       | or bookkeeper        |                     | From          | To                                 |                                |
|      |          |                                       |                  |                  |   |                      |                     |               |                                    |                                |

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| Deb  | tor 1 Narad                            |                   | R                                       | Persadsingh                   | Case number (if known)   |
|------|--|-------------------|---|-------------------------------|--|
|      | First Name                             |                   | Middle Name                             | Last Name                     |  |
| 28.  | creditors, or othe                     | er parties.       | bankruptcy, did y                       | ou give a financial statem    | ent to anyone about your business? Include all financial institutions  |
|      | Yes. Fill in the                       | e details below.  |   |                               |  |
|      |  |                   |   | Date issued                   |  |
|      | Name                                   |                   |   | MM/DD/YYYY                    | -  |
|      |  |                   |   |                               |  |
|      | Number Str                             | reet              |   | <del>_</del>                  |  |
|      | City                                   | State             | Zip Code                                | <u> </u>                      |  |
|      | —————————————————————————————————————— | State             | Zip Code                                |                               |  |
| Part | 12: Sign Below                         | 1                 |   |                               |  |
| t    | true and correct. I                    | understand that   | making a false st<br>es up to \$250,000 | atement, concealing prope     | nents, and I declare under penalty of perjury that the answers are erty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|      | Si                                     | gnature of Debtor |   |                               | Signature of Debtor 2  |
|      | Di                                     | ate 8/14/2018     |   |                               | Date 8/14/2018   |
| ı    | Did you attach add                     | itional pages to  | Your Statement o                        | f Financial Affairs for Indiv | iduals Filing for Bankruptcy (Official Form 107)?  |
| ı    | <b>✓</b> No                            |                   |   |                               |  |
| i    | Yes                                    |                   |   |                               |  |
| ı    | Did you pay or agre                    | ee to pay someor  | e who is not an a                       | ttorney to help you fill out  | bankruptcy forms?  |
|      | <b>✓</b> No                            |                   |   |                               |  |
| i    | Yes. Name of p                         | erson             |   |                               | Attach the Bankruptcy Petition Preparer's Notice,  |

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| Fill in this information to identify your case: |                           |             |                      |  |  |  |  |  |
|---|---------------------------|-------------|----------------------|--|--|--|--|--|
| Debtor 1  | Narad                     | R           | Persadsingh          |  |  |  |  |  |
|   | First Name                | Middle Name | Last Name            |  |  |  |  |  |
| Debtor 2  | Mercedes                  | M           | Rampersadsingh       |  |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name            |  |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois |  |  |  |  |  |
|   |                           |             | (State)              |  |  |  |  |  |
| Case number (If known)                          | -                         |             |                      |  |  |  |  |  |

| Check if this | is an  |
|---------------|--------|
| amended       | filina |

#### Official Form 108

#### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

| 1. | For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. |  |   |  |  |  |  |
|----|---|--|---|--|--|--|--|
|    | Identify the creditor and the property that is collateral   | What do you intend to do with the property that secures a debt?  | Did you claim the property as exempt on Schedule C? |  |  |  |  |
|    | Creditor's name: Prestige Financial Services, Inc  Description of property securing debt: 2011 Infiniti   | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]: | No. Yes.  |  |  |  |  |
|    | Creditor's name:  Description of property securing debt:  | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]: | No. Yes.  |  |  |  |  |
|    | Creditor's name:  Description of property securing debt:  | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]: | No. Yes.  |  |  |  |  |
|    | Creditor's name:  Description of property securing debt:  | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]: | No. Yes.  |  |  |  |  |

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| Debtor   | Narad                         | R                         | Persadsingh                 | Case number (if   |
|----------|-------------------------------|---------------------------|-----------------------------|---|
| 1        | First Name                    | Middle Name               | Last Name                   | known)  |
| Part 2:  | List Your Unexpired Pers      | onal Property Leases      | <b>;</b>                    |   |
| informa  |                               | tate leases. Unexpired le | eases are leases that are s | ntracts and Unexpired Leases (Official Form 106G), fill in the<br>still in effect; the lease period has not yet ended. You may<br>C. § 365(p)(2). |
| Des      | scribe your unexpired persona | I property leases         |                             | Will the lease be assumed?  |
| Les      | sor's name:                   |                           |                             | ☐ No<br>☐ Yes   |
|          | cription of leased perty:     |                           |                             |   |
| Les      | sor's name:                   |                           |                             | No Yes  |
|          | scription of leased<br>perty: |                           |                             | <del>_</del>  |
| Les      | sor's name:                   |                           |                             | □ No □ Yes  |
|          | cription of leased<br>perty:  |                           |                             |   |
| Les      | sor's name:                   |                           |                             | No Yes  |
|          | cription of leased<br>perty:  |                           |                             |   |
| Les      | sor's name:                   |                           |                             | No Yes  |
|          | cription of leased<br>perty:  |                           |                             |   |
| Les      | sor's name:                   |                           |                             | No Yes  |
|          | cription of leased<br>perty:  |                           |                             |   |
| Les      | sor's name:                   |                           |                             | □ No □ Yes  |
|          | scription of leased<br>perty: |                           |                             | <del>_</del>  |
| Part_3:_ | Sign Below                    |                           |                             |   |
| Unde     |                               |                           | intention about any prope   | perty of my estate that secures a debt and any personal   |
| •        | -                             |                           |                             |   |
| _        | /s/ Narad Persadsingh         |                           |                             | ercedes Rampersadsingh  |
| Si       | gnature of Debtor 1           |                           | Signature                   | re of Debtor 2  |
| D        | ate 8/14/2018                 |                           | Date 8/                     | /14/2018  |
|          | MM/DD/YYYY                    |                           |                             | MM/DD/YYYY  |

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B2030 (Form 2030) (12/15)

#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| re Narad R Persadsingh; Mercedes M   | Rampersadsingh  | Case No.                           |                                 |
|--|---|------------------------------------|---------------------------------|
| Debtor   | <u> </u>  |                                    | (If known)                      |
|  |   | Chapter                            | Chapter 7                       |
| DISCLOSURE OF  | COMPENSATION  | OF ATTORNEY F                      | OR DEBTOR                       |
| <ol> <li>Pursuant to 11 U.S.C. § 329(a) and<br/>compensation paid to me within or<br/>rendered or to be rendered on behavior.</li> </ol> | ne year before the filing of the pe   | tition in bankruptcy, or agreed to | be paid to me, for services     |
| For legal services, I have agreed to   | accept  |                                    | \$1,400.00                      |
| Prior to the filing of this statement  | I have received   |                                    | \$0.00                          |
| Balance Due  |   |                                    | \$1,400.00                      |
| 2. The source of the compensation p  | aid to me was:  |                                    |                                 |
| <b>✓</b> Debtor  | Other (specify)   |                                    |                                 |
| 3. The source of the compensation p  | aid to me is:   |                                    |                                 |
| <b>✓</b> Debtor  | Other (specify)   |                                    |                                 |
| 4. I have not agreed to share the members and associates of m  | above-disclosed compensation v  | with any other person unless the   | y are                           |
|  | ve-disclosed compensation with<br>law firm. A copy of the agreemen<br>pensation, is attached. |                                    |                                 |
| 5. In return for the above-disclosed for   | ee, I have agreed to render legal s   | ervice for all aspects of the bank | ruptcy case, including:         |
| <ul> <li>a. Analysis of the debtor's fin<br/>bankruptcy;</li> </ul>  | ancial situation, and rendering ad  | dvice to the debtor in determining | g whether to file a petition in |
| b. Preparation and filing of ar  | ny petition, schedules, statements  | s of affairs and plan which may b  | pe required;                    |
| c. Representation of the debt  | or at the meeting of creditors and  | d confirmation hearing, and any a  | adjourned hearings thereof;     |
| 6. By agreement with the debtor(s), the  | ne above-disclosed fee does not   | include the following services:    |                                 |
|  |   |                                    |                                 |
|  | CERTIFICAT  | ПОМ                                |                                 |
| I certify that the foregoing is a comp<br>debtor(s) in this bankruptcy proceedings   |   | or arrangement for payment to n    | ne for representation of the    |
| 8/14/2018  |   | /s/ Corey A. Walters               |                                 |
| Date   |   | Signature of Attorney              |                                 |
|  |   | Semrad Law Firm                    |                                 |
|  |   | Name of law firm                   |                                 |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans.
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| -             | Debtor(s)                                      | _ Case No                          |                                      |
|---------------|--|------------------------------------|--------------------------------------|
|               |  | Chapter                            | Chapter7                             |
|               | VERIFICATION                                   | ON OF CREDITOR MA                  | TRIX                                 |
| Th<br>owledge | ne above named Debtors hereby verify that the. | ne attached list of creditors is t | rue and correct to the best of their |
| te:           | 8/14/2018                                      | /s/ Persadsingh                    | , Narad R                            |
|               |  | Persadsingh, Na<br>Signature of De |                                      |
|               |  | /s/ Rampersads                     | ingh, Mercedes M                     |
|               |  |                                    |                                      |

IDOR-Bankruptcy Section Po Box 851388 Minneapolis, MN, 55485

WESTLAKE FINANCIAL SVC 4751 WILSHIRE BLVD STE 1 LOS ANGELES, CA, 90010

Prestige Financial Services, Inc 1420 S 500 W SALT LAKE CITY, UT, 84115

NATIONWIDE CAC LLC 10255 W Higgins Rd Rosemont, IL, 60018

MERRICK BANK CORP One Paces West Suite 1400 Atlanta, GA, 30339

CAPITALONE c/o Pollack & Rosen, P.C 1825 Barrett Lakes Blvd Suite 510 Kennesaw, GA, 30144

MIDWEST RECEIVABLE SOL 2323 GULL RD STE E KALAMAZOO, MI, 49048

I C SYSTEM INC PO BOX 64378 SAINT PAUL, MN, 55164

G C SERVICES 6330 GULFTON ST STE 400 HOUSTON, TX, 77081

DIVERSIFIED CONSULTANT 10550 DEERWOOD PARK BLVD JACKSONVILLE, FL, 32256

Internal Revenue Service PO Box 7346 Philadelphia, PA, 19101 Cook County Hospital 25706 Network Place Chicago, IL, 60673

Penn Corporation PO Box 1259 Department 91047 Oaks, PA, 19456

Genesis FS Card Services PO Box 4480 Beaverton, OR, 97076

Ashley Furniture 1930 Mt Zion Road Morrow , GA, 30260

Dish Network PO Box 530714 Atlanta, GA, 30353

PLS Financial Services, Inc. 920 South Western Ave Chicago, IL, 60643

Commonwealth Edison 1919 Swift Dr Oak Brook, IL, 60523 B2030 (Form 2030) (12/15)

#### **UNITED STATES BANKRUPTCY COURT**

|       |   | Northern District of   | Illinois  |   |
|-------|---|--|---|---|
| In re | Narad R Persadsingh; Mercedes M Rampo   | ersadsingh   | Case No.  |   |
| _     | Debtor  |  |   | (If known)  |
|       |   |  | Chapter   | Chapter 7   |
| 2     | DISCLOSURE OF CO  Pursuant to 11 U.S.C. § 329(a) and Fed. I compensation paid to me within one year rendered or to be rendered on behalf of the For legal services, I have agreed to accept Prior to the filing of this statement I have Balance Due  The source of the compensation paid to repetit Debtor  The source of the compensation paid to repetit Debtor  I have not agreed to share the abovemembers and associates of my law firm the people sharing in the compensation. | Bankr. P. 2016(b), I certify that before the filing of the petitione debtor(s) in contemplation of the received  The was:  Other (specify)  The is:  Other (specify)  The is:  Closed compensation with a contemplation wit | I am the attorney for the about in bankruptcy, or agreed to of or in connection with the analysis any other person unless the other person or persons who a | venamed debtor(s) and that be paid to me, for services bankruptcy case is as follows:  \$1,400.00  \$1,400.00  y are  are not |
| 5     | <ul> <li>In return for the above-disclosed fee, I ha         <ul> <li>Analysis of the debtor's financial bankruptcy;</li> </ul> </li> </ul>   | situation, and rendering advic   | e to the debtor in determining  | g whether to file a pelilion in   |
|       | b. Preparation and filing of any petit  |  |   |   |
|       | c. Representation of the debtor at th   | ne meeting of creditors and co   | nfirmation hearing, and any a   | adjourned hearings thereof;   |
| 6     | s. By agreement with the debtor(s), the above   | /e-disclosed fee does not incl   | ude the following services:   |   |
| deb   | I certify that the foregoing is a complete state tor(s) in this bankruptcy proceedings.   | CERTIFICATION attement of any agreement or a   |   | ne for representation of the  |
|       | 8/14/2018   |  | /s/ Corey A. Walters  |   |
| —     | Date  |  | Signature of Attorney   |   |
|       |   |  |   |   |
|       |   |  | Semrad Law Firm   |   |
|       |   |  | Name of law firm  |   |

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#### THE SEMRAD LAW FIRM

Attorneys & Counselors at Law 20 S. Clark, 28<sup>th</sup> Floor Chicago, IL 60603 (312) 913-0625

Thank you for selecting The Semrad Law Firm LLC (the "Firm") as legal counsel. It is our policy to confirm in writing the terms of our engagement, including the scope of our representation and how we will charge for our legal services. Those terms are set forth below.

- Scope of Representation. The Firm will be representing you in all aspects of your Bankruptcy case filed under Chapter 7 of the United Stated Bankruptcy Code except for any adversary proceedings that may be filed against you. The scope of this representation does not include any other civil or criminal proceedings.
- 2. Conditional Representation. The Firm has agreed to represent you on the condition that you will enter into and sign an agreement after the filing of your bankruptcy case to pay the Firm for services rendered after the filing of your case. If you refuse to enter into and sign the agreement within ten (10) days after the filing of your case, the Firm will file a motion to withdraw from representing you.

#### 3. Prepetition Fees.

- a. Before the case is filed, the Firm agrees to:
  - i. Personally counsel you regarding the advisability of filing either a Chapter
     13 or a Chapter 7 case, discuss both procedures as well as non-bankruptcy options, and answer your questions;
  - ii. Personally explain to you that the Firm is being engaged to represent you on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees are determined and paid;
  - iii. Personally review with you and sign the completed petition, statements, and schedules;
  - iv. Timely prepare and file your petition, statements, and schedules,
  - v. Advise you on which creditors you will need to continue to pay, such as housing or vehicle payments that you intend to retain.
- b. The fee for services provide before the case is filed is \$0.00.
- c. The Firm may also incur costs for such items as credit reports and tax transcripts for which it will <u>not</u> seek reimbursement.

#### 4. Post-Petition Fees.

- a. After the case is filed, the Firm agrees to:
  - Advise you of the requirement to attend the meeting of creditors and notify you of the date, time, and place of the meeting;

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Narad Persadsingh & Mercedes Rampersadsingh

- d. After the case is filed, the Bankruptcy Court will require payment of filing fees in the amount of \$335.00. In order to pay this, you have two (2) options (please circle one):
  - i. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments; or
  - ii. Request that the Firm pay the costs on your behalf for which it will seek reimbursement from you;
- 5. Retainers and Payments to the Firm.
  - a. The fee being charged to you is a flat fee for services rendered during the Chapter 7 case and will be applied without the need for the Firm to keep detailed time records for the specific services performed.
  - b. Any funds paid to the Firm shall immediately become property of the Firm and will be deposited into the operating account of the Firm and will be used for general expenses of the firm.
  - c. While it is ordinarily your option to deposit funds with an attorney that shall remain your property as security for future services, the Firm does not represent clients under such a security retainer because bankruptcy cases require many disparate tasks and functions for the attorneys and support staff; some of which require legal expertise while others may only be ministerial in nature. The benefit to you is the firm's commitment to perform any and all work necessary to represent you in this Chapter 7 bankruptcy.
- 6. Right to Hire New Counsel. You always have the right at any time to terminate the Firm's representation and hire new counsel. Should you refuse to sign an agreement after the filing of your bankruptcy case to pay the Firm for services rendered after the filing of your case, and the Firm moves to withdraw from representing you, you are strongly encouraged to hire new counsel.
- 7. Conflict Waiver. There is an inherent conflict wherever attorneys represent debtors in bankruptcy for a fee. The Firm is working to alleviate financial issues, while at the same time charging a fee. There have also previously been cases that questioned whether asking you to sign an agreement after the filing of your bankruptcy case to pay the Firm for services rendered after the filing of your case presents a possible additional conflict of interest. The Firm may only represent you if that representation will not be materially limited by the Firm's own interests. We believe our ability to represent you will not be affected by your ongoing obligation to pay our post-petition fee. By signing this agreement, you are waiving this conflict and are allowing us to represent you. You

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Narad Persadsingh & Mercedes Rampersadsingh

- ii. Advise you of the requirement to attend a debtor education course and provide a certificate of completion to the Firm;
- iii. Send notice of your case filing to creditors;
- iv. Correspond with creditors regarding any matters necessary for the administration of your case, including to cease payroll garnishments, unfreeze bank accounts, or recover property that was improperly seized by a creditor;
- v. Timely submit to the Chapter 7 trustee properly documented proof of income, tax records as well as any other necessary documentation;
- vi. Provide you with knowledgeable legal representation at the meeting of creditors as well as any continued or rescheduled meetings in time for check-in and examination;
- vii. Timely prepare and file the notice of completion of the debtor education course;
- viii. If the Firm will be employing another attorney to attend the meeting of creditors, personally explain to you, in advance, the role and identity of the other attorneys and provide that attorney with your file in sufficient time to review it and properly represent you at the meeting;
- ix. Timely negotiate with the Trustee regarding any property or actions that the Trustee may pursue that could be adverse to your interests;
- x. Timely prepare, file, and serve any necessary statements, amended statements, amended schedules and any change of address, in accordance with information provided by you;
- xi. Monitor all incoming case information, including but not limited to, Reaffirmation agreements, notice of audits by the US Trustee, correspondence from you or any interested parties;
- xii. Review and negotiate, if necessary, any reaffirmation agreements and personally explain the terms of said agreements to you;
- xiii. Be available to respond to your questions throughout the term of the case;
- xiv. Review and timely respond, if necessary, to Trustee motions to dismiss the case;
- xv. Review and timely respond, if necessary, to motions for relief from stay;
- xvi. Prepare, file, and serve all appropriate motions to avoid liens;
- xvii. Prepare, file, and serve all appropriate motion to redeem;
- xviii. Send In Re Mendiola letters to previously undisclosed creditors; and
- xix. Provide any other legal services necessary for the administration of the case.
- b. The fee for services provide after the case is filed is \$1400.00.
- c. The firm will have no right to payment of the fee listed in section 4(b) unless you sign an agreement after the filing of your bankruptcy case to pay the Firm for services rendered after the filing of your case.

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Narad Persadsingh & Mercedes Rampersadsingh

do not have to waive this conflict of interest and can instead choose for the Firm not to represent you. You also have the right to consult separate counsel to discuss whether you should waive this conflict.

8. Merger. This agreement constitutes the entire agreement between you and the Firm. Any previous discussions or agreements are not valid or enforceable unless contained in this document.

Very truly Yours,

Attorney, the Semrad Law Firm

CONFIRMED:

Morcedes Kampersnafengle Client 08/14/18

Date

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The Semrad Law Firm, LLC 20 S. Clark Street, 28<sup>th</sup> Floor Chicago IL 60603

#### **CHAPTER 7 DISCLAIMERS**

1. I understand that The Semrad Law Firm, LLC has pulled my credit report, but that credit report does not report every debt I owe. I understand that it is my responsibility to provide all my debts to The Semrad Law Firm, LLC to list in my bankruptcy.

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2. I agree that in the preparation of my bankruptcy petition and schedules that I have disclosed to The Semrad Law Firm, LLC all my debts, sources of income, assets, personal property, real property, transfers of real estate or any property over the past 4 years, and all expenses I have.

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3. I agree that I will attend my creditors meeting at the time, date, and location that will be mailed to me by the Bankruptcy Court. Failure to attend this meeting is grounds for my case to be dismissed. I understand that at this meeting I will bring my driver's license or State ID and my original social security card. I understand that failure to bring said requested documents to the meeting could be grounds for the meeting to not be held.

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4. I understand and agree to complete my 2<sup>nd</sup> credit counseling course (Debtor Education course) within 45 days of my original 341 meeting date, and submit a copy of the certificate to my attorney and confirm receipt of the certificate. I also understand that there will be a separate cost for the 2<sup>nd</sup> course. I understand that failure to complete this 2<sup>nd</sup> course and submit it to my attorney can be grounds to have my case close without a discharge. I understand that if my case closes without a discharge, that additional filing fees would have to be paid to re-open my case to file the 2<sup>nd</sup> Debtor Education certificate.

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5. If I have a garnishment coming out of my paycheck, The Semrad Law Firm, LLC will send notice of the bankruptcy to my payroll department and garnishing creditor to stop wage garnishments as long as I provide my payroll department contact information. If I choose to not provide my payroll contact information, I understand and agree that it is my responsibility to contact my payroll and garnishing creditor and provide them with proof of filing. Further, although the Semrad Law Firm, LLC will send notice of the bankruptcy filing to my payroll department and garnishing creditor, it is my responsibility to ensure notice was received.

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The Semrad Law Firm, LLC 20 S. Clark Street, 28<sup>th</sup> Floor Chicago IL 60603

6. I understand that I must have filed my federal and state taxes for the past 4 years if I was legally required to, and failure to have done so is grounds to have my case dismissed.

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7. I understand that the entire firm of The Semrad Law Firm, LLC represents me and that while a different attorney might have counseled me and prepared my case, once it is filed, my case will be assigned to the attorneys and staff of the Chapter 7 department for the remainder of my case.

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8. I understand and agree that I must fully disclose any and all assets, real property, cash, expected tax refunds, inheritance, or personal property of any kind prior to the filing of my bankruptcy.

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9. I further understand that any assets including, but not limited to real property, cash, expected tax refunds, future settlements, potential or pending lawsuits, or personal property that has equity that cannot be exempted is subject to liquidation by the Chapter 7 Trustee.

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10. I understand that the following debts will not be discharged in my Chapter 7 (this list shows the most common non-dischargeable debts, but not necessarily all): parking tickets, moving violations, student loans, certain governmental debts including taxes and code violations, and child support.

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11. I understand that if I wish to keep a secured debt, for example, a mortgage(s) or automobile, I must sign a reaffirmation agreement. I understand that even if I am current on the debt, a reaffirmation agreement is offered solely at the discretion of the creditor. I understand that for my creditor(s) to offer me a reaffirmation agreement I must be current on my monthly payment. If I do not have a reaffirmation agreement offered to me by my finance company, that I may not be able to keep my secured debt.

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12. I understand that I will work with my attorney to ensure the reaffirmation agreements are timely received, signed and filed with the Court. I understand the reaffirmation agreement must be filed with the court before the case discharges. Once the reaffirmation agreement is signed, filed with the Court and approved, the debt will be non-dischargeable. I understand that the bankruptcy judge will review my budget when approving or denying the reaffirmation agreement and that it is possible that the judge may determine that the reaffirmation is not in my best interest and deny the reaffirmation.

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The Semrad Law Firm, LLC 20 S. Clark Street, 28<sup>th</sup> Floor Chicago IL 60603

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13. I understand that the scope of representation from The Semrad Law Firm, LLC does not extend to credit repair.

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14. I understand that if I have made any recent credit card transactions, cash advances, or incurred loans during the 3 month period prior to my bankruptcy, an adversary lawsuit may be brough against me in bankruptcy court. An adversary is a lawsuit in which a creditor asks the court to make certain debt non-dischargeable. I understand that if I want The Semrad Law Firm, LLC to represent me in an adversary I must pay additional attorney's fees.

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15. I have disclosed all prior bankruptcies that I have filed in the last eight (8) years. I further understand that if I have filed a Chapter 7 bankruptcy in the last eight (8) years, I am not eligible to file a Chapter 7 right now.

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16. I understand that to be eligible for a Chapter 7 I cannot have any disposable income after paying all my monthly expenses, and I also have to pass the Form 122A Means test, and if I do have a significant amount of disposable income available or fail the Form 122A that I may be ineligible for a Chapter 7. I understand that if I do have any disposable income and we attempt to rebut the presumption, the United States Trustee may deem my case an abuse and I may have to convert to a Chapter 13 or let my case be dismissed.

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17. I understand and acknowledge that when I surrender real property through my Chapter 7 bankruptcy that the property is still my responsibility until it is sold at a foreclosure sale. I must keep up the property insurance and maintenance of said property, including, but not limited to, future water bills until the sale date. I understand that, if I neglect to maintain the property and am assessed city code violations, I will be responsible to pay those fines. Further, I must continue to pay homeowners and association fees after the bankruptcy is filed until the property is sold. If I do not pay these fees the Association can sue me for the balance of unpaid fees from the filing of the bankruptcy until the property is sold.

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The Semrad Law Firm, LLC 20 S. Clark Street, 28<sup>th</sup> Floor Chicago IL 60603

18. I understand that if I have a co-signer on any of my debts, the co-signer will still be responsible for that debt after the case is filed.

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19. I agree that I authorized The Semrad Law Firm, LLC to file my bankruptcy case, after I reviewed my bankruptcy petition and schedules.

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| Debtor 1 Narad  | <u>''</u>  |   | se number (if known)  |  |
|---|--|---|---|--|
| First Name  | Wildelight Tarre   | ast Name  |   |  |
| Part 6: Answer These Qu   | uestions for Reporting Purposes  |   |   | (i 11 44 11 0 C \$ 101(9) co   |
| 16. What kind of debts do<br>you have?  | 16a. Are your debts primarily "incurred by an individual No. Go to line 16b. Yes. Go to line 17.  16b. Are your debts primarily money for a business or ir No. Go to line 16c. Yes. Go to line 17.  16c. State the type of debts yo  | primarily for a personal, to business debts? Business hvestment or through the  | amily, or nouse no<br>as debts are debts<br>operation of the b                  | that you incurred to obtain business or investment.  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that find the state of the | 7. Do you estimate that after<br>unds will be available to distr  | r any exempt properibute to unsecured   |  |
| 18. How many creditors<br>do you estimate that<br>you owe?  | ☑ 1-49<br>□ 50-99<br>□ 100-199<br>□ 200-999  | 1,000-5,000<br>5,001-10,000<br>10,001-25,000  |   | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19. How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$1<br>\$10,000,001-\$<br>\$50,000,001-\$<br>\$100,000,001-   | 50 million<br>100 million   | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion  |
| 20. How much do you estimate your liabilities to be?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$590,001-\$1 million   | \$1,000,001-\$1<br>\$10,000,001-\$<br>\$50,000,001-\$<br>\$100,000,001-   | 50 million<br>100 million   | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion  |
| Part 7: Sign Below  |  |   |   |  |
| For you   | correct.  If I have chosen to file under Chof title 11, United States Code.  under Chapter 7   | napter 7, I am aware that I<br>I understand the relief ava<br>d I did not pay or agree to<br>ned and read the notice re | may proceed, if el<br>ailable under each<br>pay someone wh<br>aquired by 11 U.S | e information provided is true and igible, under Chapter 7, 11,12, or 13 chapter, and I choose to proceed o is not an attorney to help me fill .C. § 342(b). |
|   | the second and single of older of or   | tement, concealing proper<br>case can result in fines up  | rtv. or obtaining n   | mprisonment for up to 20 years, or   |
|   | /s/ Narad Persadsingh Signature of Debtor 1  | Muk   | /s/ Mercedes Signature of De Executed on  |  |
|   | Executed on 8/14/2018<br>MM / DD   | )/YYYY  | _xccatca on   | MM / DD / YYYY   |

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|                                 |   |                            |  | <u> </u>  |
|---------------------------------|---|----------------------------|--|---|
| Fill in this info               | rmation to identify your ca   | ase:                       |  |   |
|                                 |   | R                          | Persadsingh  |   |
| Debtor 1                        | Narad<br>First Name   | Middle Name                | Last Name  | •   |
| D-bton 0                        | Mercedes  | М                          | Rampersadsingh   |   |
| Debtor 2<br>(Spouse, if filing) | First Name  | Middle Name                | Last Name  | ·   |
| United States                   | Bankruptcy Court for the:   | Northern                   | District of Illinois (State)                           |   |
| Case number                     |   |                            |  |   |
| (If known)                      |   |                            |  | Check if this is an                                     |
| Official                        | Form 106De  | С                          |  | amended filing  |
| Declarat                        | tion About an I   | –<br>∣ndividual Deb¹       | tor's Schedules  | 12/15   |
|                                 |   |                            |  | formation   |
| If two married                  | people are filing together  | er, both are equally respo | nsible for supplying correct in                        | ng a false statement, concealing property, or obtaining |
| money or propuls.C. §§ 152,     | perty by fraud in connecting 1341, 1519, and 3571.                        | on with a bankruptcy cat   | e can result in lines up to \$2.                       | , o, ooo, o,, p   |
| Did you p                       | pay or agree to pay some  | one who is NOT an attorr   | ey to help you fill out bankru                         | otcy forms?   |
| <b>✓</b> No                     | Name of person  |                            |  | ion Preparer's Notice, Declaration, and                 |
| that they                       | enalty of perjury, I declare<br>y are true and correct.<br>ad Persadsipgh | e that I have read the sur | nmary and schedules filed wit  /s/ Mercer Signature of | des Rampersadsingh Mercede, Baugersadf                  |
| Date 8/1                        | 4/2018  |                            | Date 8/14/   | 2010  |

MM/DD/YYYY

Date 8/14/2018

MM/DD/YYYY

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| or 1 Nar  | ad  |   | R   | Persadsingh  | Case number (if known)   |
|---|---|---|---|--|--|
|   | t Name                                    |   | Middle Name   | Last Name  |  |
| credito<br>No   | ors, or othe                              | efore you filed for<br>er parties.<br>e details below.  | bankruptcy, did y   |  | ient to anyone about your business? Include all financial institut .   |
|   |   |   |   | Date issued  | ia.  |
| N.  | lam e                                     |   |   | MM/DD/YYYY   | _  |
| 100   | iano                                      |   |   | _  |  |
| N   | lumber St                                 | reet  |   |  |  |
| <u>~</u>  | ity                                       | State   | Zip Code  | _  |  |
| U   | ily                                       | State   | Zip 0000  |  | •  |
| nave re   | ign Below                                 | swers on this Sta   | tement of Financi<br>making a false st                              | ial Affairs and any attach<br>atement, concealing prop                               | ments, and I declare under penalty of perjury that the answers a erty, or obtaining money or property by fraud in connection with        |
| ave re  | ead the ans<br>I correct. I<br>uptcy case | swers on this Star<br>understand that<br>can result in fine<br>/s/ Narad Persad   | making a false stages up to \$250,000, singly                       | ial Affairs and any attach<br>atement, concealing prop<br>, or imprisonment for up t | o 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.   |
| nave re   | ead the ans<br>correct. I<br>uptcy case   | swers on this State understand that can result in fine /s/ Narad Persad ignature of Debtor  | making a false stages up to \$250,000, singly                       | ial Affairs and any attach<br>atement, concealing prop<br>, or imprisonment for up t | o 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.   |
| have re<br>ue and<br>bankru                           | ead the ansi correct. I uptcy case        | swers on this Star<br>understand that<br>can result in fine<br>/s/ Narad Persad<br>ignature of Debtor<br>ate 8/14/2018                      | making a faise stress up to \$250,000,                              | arement, conceaning prop, , or imprisonment for up t                                 | /s/ Mercedes Rampersadsingh Mercedes Rupersadsingh Signature of Debtor 2   |
| have re<br>ue and<br>bankru                           | ead the ansi correct. I uptcy case        | swers on this Star<br>understand that<br>can result in fine<br>/s/ Narad Persad<br>ignature of Debtor<br>ate 8/14/2018                      | making a faise stress up to \$250,000,                              | arement, conceaning prop, , or imprisonment for up t                                 | /s/ Mercedes Rampersadsingh Morrade Supposition of Debtor 2  Date 8/14/2018  |
| have re<br>ue and<br>bankru<br>id you a<br>No<br>Yes  | ead the ansilicorrect. I uptcy case       | swers on this Star<br>understand that<br>can result in fine<br>/s/ Narad Persad<br>ignature of Debtor<br>ate 8/14/2018<br>ditional pages to | making a faise stress up to \$250,000, singly  1  Your Statement of | arement, conceaning prop, or imprisonment for up t                                   | /s/ Mercedes Rampersadsingh Morrede Rugo?  Signature of Debtor 2  Date 8/14/2018  Additional Filling for Bankruptcy (Official Form 107)? |
| have re<br>rue and<br>bankru<br>id you a<br>No<br>Yes | ead the ansilicorrect. I uptcy case       | swers on this Star<br>understand that<br>can result in fine<br>/s/ Narad Persad<br>ignature of Debtor<br>ate 8/14/2018<br>ditional pages to | making a faise stress up to \$250,000, singly  1  Your Statement of | arement, conceaning prop, , or imprisonment for up t                                 | /s/ Mercedes Rampersadsingh Morrede Rugo?  Signature of Debtor 2  Date 8/14/2018  Additional Filling for Bankruptcy (Official Form 107)? |

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| Debtor | Narad                         | R                        | Persadsingh  | Case number (if  |
|--------|-------------------------------|--------------------------|--|--|
| _      | First Name                    | Middle Name              | Last Name  | known)   |
| art 2: | List Your Unexpired Pers      | sonal Property Lease     | s  |  |
| or any |                               | lease that you listed in | Schedule G: Executory Conti<br>leases are leases that are st | racts and Unexpired Leases (Official Form 106G), fill in the fill in effect; the lease period has not yet ended. You may § 365(p)(2).  |
| Des    | scribe your unexpired persona | al property leases       |  | Will the lease be assumed?   |
| Les    | sor's name:                   |                          |  | No Yes   |
|        | cription of leased<br>perty:  |                          |  |  |
| Les    | sor's name:                   |                          |  | No Yes   |
|        | cription of leased<br>perty:  |                          |  |  |
| Les    | sor's name:                   |                          |  | □ No □ Yes   |
|        | scription of leased perty:    |                          |  |  |
| Les    | sor's name:                   |                          |  | No Yes   |
|        | scription of leased<br>perty: |                          |  |  |
| Les    | sor's name:                   |                          |  | No Yes   |
|        | scription of leased<br>perty: |                          |  |  |
| Les    | sor's name:                   |                          |  | No Yes   |
|        | scription of leased<br>perty: |                          |  |  |
| Les    | sor's name:                   |                          |  | No Yes   |
|        | scription of leased<br>perty: |                          |  |  |
|        | Sign Below                    |                          |  | 55 15 (A to Alban, we want to Alban, and the Alban |
| Unde   |                               | that I have indicated r  |  | rty of my estate that secures a debt and any personal  |
|        |                               | W.                       | **   | Margareta Dundary W  |
|        | /s/ Narad Persadsingh         | 1047                     | X /s/ Mer<br>Signature                                       | cedes Rampersadsingh Monceule Rung Off State of Debtor 2  4/2018  M/DD/YYYY  |
| D      | ate 8/14/2018<br>MM/DD/YYYY   |                          | Date 8/1   | 4/2018<br>M/DD/YYYY  |

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### UNITED STATES BANKRUPTCY COURT

**Northern District of Illinois** 

| In re: Persa    | dsingh, Narad R ; Rampersadsingh, Mercedes M  | Case No   |                                    |
|-----------------|---|---|------------------------------------|
|                 |   | Chapter.  | Chapter7                           |
|                 | VERIFICATION                                  | OF CREDITOR MATE  | RIX                                |
| Th<br>knowledge | ne above named Debtors hereby verify that the | attached list of creditors is true                              | e and correct to the best of their |
| Date:           | 8/14/2018                                     | /s/ Persadsingh, Na<br>Persadsingh, Narac<br>Signature of Debto | i R                                |
|                 |   | /- / David a special single                                     | n Mercedes M Mala cada La 2004     |

Rampersadsingh, Mercedes M Signature of Joint Debtor

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| Column 1 Column 1 Column 1 Column 2 Column 2 Column 3 Col   | First Name   | R   | Persadsingh Leet Name   | Case number (if kn   | own)  |                |
|--|--|---|---|--|---|----------------|
| Total amounts from separate pages, if any.    Calculate your total current monthly income. Add lines 2 through 10 for column. Then add the total for Column A to the total for Column B.    Calculate your current monthly income for the year. Follow these steps:   Total current monthly income for the state in which you kee.   It is not been to the state in which you kee.   It is not to find a line in the mumber of people in your household.   It is not household.   It is not house in the form 122A-2.   Sign Below  By signing here, I declare under penalty of perjuny typas the information on this statement and in any attachments is true and correct.   Signature of Debtor 1   Date 8/14/2018   Date 8/1   |  | Middle Name   | Last Name   |  | Debtor 2 or   |                |
| For your spouse \$1,537.00  Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.  Juncome from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments and the social Security Act or payments are produced and the social Security Act or payments are produced and the social Security Act or payments are produced and the social Security Act or payments are payments a  | Do not enter the amount if you con   | itend that the amount read, list it here:   | eceived was a benefit   | \$0.00   | \$ <u>0.00</u>                                      |                |
| Determine Whether the Means Test Applies to You   Calculate your current monthly income for the year. Follow these steps:   12a. Copy your total current monthly income for the year. Follow these steps:   12b. The result is your annual income for this part of the form. This list may place for this paper and put in the state in which you be.  | For you .  |   |   |  |   |                |
| amount. Do not include any benefits received under the Social Security Act or page and put the total below.  Total amounts from separate pages, if any.  Calculate your total current monthly income. Add lines 2 through 10 for online. Then add the total for Column A to the total for Column B.  Calculate your total current monthly income. Add lines 2 through 10 for online. Then add the total for Column A to the total for Column B.  Calculate your current monthly income for the year. Follow these steps:  12b. Oppy your total current monthly income from line 11.  Multiply by 12 (the number of months in a year).  Calculate the median family income for this part of the form.  Calculate the median family income that applies to you. Follow these steps:  12b. \$74,769.12  The result is your annual income that applies to you. Follow these steps:  13 \$868,687.00  13 \$868,687.00  14   | Pension or retirement income. Do benefit under the Social Security Act   | o not include any amou<br>t.  | unt received that was a                                       | \$ <u>0.00</u>   | \$ <u>0.00</u>                                      |                |
| Calculate your total current monthly income. Add lines 2 through 10 for ch column. Then add the total for Column A to the total for Column B.  Total current monthly income  Calculate your current monthly income for the year. Follow these steps:  12a. Copy your total current monthly income for the year. Follow these steps:  12b. The result is your annual income for this part of the form.  Calculate the median family income that applies to you. Follow these steps:  Fill in the state in which you live.  Fill in the median family income for your state and size of howbords the list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.  How do the file compare?  14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse.  Go to Part 3 and fill out Form 122A-2.  13: Sign Below  By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.  X /s/ Marcedes Rampersadsingh Amadus, Amaguatury Signature of Debtor 2  Date 8/14/2018  Date 8/14/2018  | amount. Do not include any benefit<br>payments received as a victim of a v<br>international or domestic terrorism. | ts received under the So<br>war crime, a crime again  | ocial Security Act or<br>est humanity, or                     |  |   |                |
| Total amounts from separate pages, if any.  1. Calculate your total current monthly income. Add lines 2 through 10 for column. Then add the total for Column A to the total for Column B.  Total current monthly income  1.2: Determine Whether the Means Test Applies to You  Calculate your current monthly income for the year. Follow these steps:  1.2. Copy your total current monthly income form line 11.  Multiply by 12 (the number of months in a year).  1.2. The result is your annual income for this part of the form.  Calculate the median family income that applies to you. Follow these steps:  Fill in the state in which you live.  Fill in the state in which you live.  Fill in the median family income for your state and size of household.  To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.  1.4. Whow do the lines compare?  1.4. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse.  3. Sign Below  By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.   **X /s/ Mercedes Rampersadsingh Manual Amanual Signature of Debtor 2  Date 8/14/2018  Date 8/14/2018  |  |   |   |  |   |                |
| 1. Calculate your total current monthly income. Add lines 2 through 10 for column. Then add the total for Column A to the total for Column B.  Total current monthly income for the year. Follow these steps:  1.2a. Copy your total current monthly income for the year. Follow these steps:  1.2b. The result is your annual income for this part of the form.  Calculate the median family income for this part of the form.  Calculate the median family income that applies to you. Follow these steps:  1.2b. The result is your annual income that applies to you. Follow these steps:  1.2c. Capy line 11 here   \$6,230.76  X 12  \$12b. \$74,769.12  1.2c. \$74,769.12  1.2d. \$12b. \$74,769.12  1.2d. \$12b. | Total amounts from separate pages  | ., if any.  |   |  |   | ]=[            |
| Total current monthly income  Total  |  | onthly income. Add lin  | es 2 through 10 for   | \$ <u>6,230.76</u>   | \$ <u>0.00</u>                                      |                |
| Calculate your current monthly income for the year. Follow these steps:  12a. Copy your total current monthly income from line 11.  Multiply by 12 (the number of months in a year).  12b. The result is your annual income for this part of the form.  Calculate the median family income that applies to you. Follow these steps:  Fill in the state in which you live.  Fill in the state in which you live.  Fill in the median family income that applies to you. Follow these steps:  Fill in the median family income for your state and size of household.  Fill in the median family income for your state and size of household.  Fill in the satient which you live.  Illinois  13. \$88,687.00  14. ■ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3.  14b. ■ Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.  13. \$ign Below  By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.   ** /s/ Mercedes Rampersadsingh   Mucular Rumpowers   Signature of Debtor 2   Date 8/14/2018  Date 8/14/2018  | .ch<br>column. Then add the total for Co   | olumn A to the total for  | Column B.   |  |   |                |
| Calculate your current monthly income for the year. Follow these steps:  12a. Copy your total current monthly income from line 11.  Multiply by 12 (the number of months in a year).  12b. The result is your annual income for this part of the form.  Calculate the median family income that applies to you. Follow these steps:  Fill in the state in which you live.  Fill in the median family income that applies to you. Follow these steps:  Fill in the median family income for your state and size of household.  To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.  How do the lines compare?  14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse.  Go to Part 3.  14b. ☑ Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.  14c. Sign Below  By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.   ★ /s/ Narad Persadsingly Signature of Debtor 1  Date 8/14/2018  Date 8/14/2018  |  |   |   |  |   | monthly income |
| 12a. Copy your total current monthly income from line 11.  Multiply by 12 (the number of months in a year).  12b. The result is your annual income for this part of the form.  Calculate the median family income that applies to you. Follow these steps:  Fill in the state in which you live.  Fill in the median family income for your state and size of household.  To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.  How do the lines compare?  14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse.  Go to Part 3.  14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.  14s. Sign Below  By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.  ** Is/ Mercedes Rampersadsingh Macuals Rumanus Rumanus Signature of Debtor 1  Date 8/14/2018  Date 8/14/2018   |  |   |   |  |   |                |
| Multiply by 12 (the number of months in a year).  12b. The result is your annual income for this part of the form.  Calculate the median family income that applies to you. Follow these steps:  Fill in the state in which you live.  Fill in the median family income for your state and size of household.  Fill in the median family income for your state and size of household.  Fill in the median family income for your state and size of household.  To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.  How do the lines compare?  14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3.  14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.  13: Sign Below  By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.  ** /s/ Mercedes Rampersadsingh Macades Rampersadsingh Signature of Debtor 1  Date 8/14/2018  Date 8/14/2018   |  |   |   | Сору   | y line 11 here →                                    | \$6,230.76     |
| Calculate the median family income that applies to you. Follow these steps:    Illinois  |  |   | ka ya a kanaga a manana — ama mi — manan                      | AND THE PROPERTY OF THE PROPER |   | X 12           |
| Calculate the median family income that applies to you. Follow these steps:  Fill in the state in which you live.  Fill in the number of people in your household.  Fill in the median family income for your state and size of household.  To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.  How do the lines compare?  14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse.  Go to Part 3.  14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.  143: Sign Below  By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.  **  Is/ Marcad Persadsingh**    Interval   Interva   |  |   | orm.  |  | 12b.  | \$74,769.12    |
| Fill in the state in which you live.  Fill in the number of people in your household.  Fill in the median family income for your state and size of household.  To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.  How do the lines compare?  14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse.  Go to Part 3.  14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.  Pri 3: Sign Below  By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.  **  /s/ Narad Persadsing*  Signature of Debtor 1  Date 8/14/2018  Date 8/14/2018  | 120. The lesuit is your armadi moon  | no tot ano pare et are re   |   |  |   |                |
| Fill in the state in which you live.  Fill in the number of people in your household.  Fill in the median family income for your state and size of household.  To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.  How do the lines compare?  14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse.  Go to Part 3.  14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.  14c Sign Below  By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.  **  /s/ Narad Persadsingh*  Signature of Debtor 1  Date 8/14/2018  Date 8/14/2018  | Calculate the median family inco   | ome that applies to y   | Follow these steps:   |  |   |                |
| Fill in the number of people in your household.  Fill in the median family income for your state and size of household.  To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.  How do the lines compare?  14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse.  Go to Part 3.  14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.  13: Sign Below  By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.  **  Is/ Mercedes Rampersadsingh*  Signature of Debtor 1  Date 8/14/2018  Date 8/14/2018  | Fill in the state in which you live.   | COORDINATE OF THE STATE OF THE | Illinois  |  |   | •              |
| Fill in the median family income for your state and size of household.  To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.  How do the lines compare?  14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3.  14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.  14b. Sign Below  By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.  ** /s/ Mercedes Rampersadsingh**  Signature of Debtor 1  Date 8/14/2018  Date 8/14/2018   |  | household   | 2   |  |   |                |
| household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.  How do the lines compare?  14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse.  Go to Part 3.  14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.  13c Sign Below  By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.  **  Is/ Narad Persadsing*  Signature of Debtor 1  Date 8/14/2018  Date 8/14/2018   |  |   |   |  | 13.   | \$68,687.00    |
| How do the lines compare?  14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3.  14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.  Go to Part 3 and fill out Form 122A-2.  13: Sign Below  By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.  ** /s/ Narad Persadsingh** Signature of Debtor 1  Date 8/14/2018    MARCAL   August   | household.   |   | And the second second second second                           | neses es en el comencia en en en el comencia en el   | engana ang mananana ang ang ang ang ang ang ang ang |                |
| Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse.  Go to Part 3.  Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.  Go to Part 3 and fill out Form 122A-2.  Sign Below  By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.   //s/ Mercedes Rampersadsingh // Signature of Debtor 1  Date 8/14/2018   | instructions for this form. This list m  | ncome amounts, go on<br>nay also be available at t  | line using the link specified<br>the bankruptcy clerk's offic | in the separate<br>e.  |   |                |
| Go to Part 3 and fill out Form 122A-2.  Sign Below  By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.   /s/ Narad Persadsingh Signature of Debtor 1  Date 8/14/2018  Date 8/14/2018   | 14a. Line 12b is less than or ed<br>Go to Part 3.  |   |   |  |   |                |
| By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.   ** /s/ Narad Persadsingh**  ** Signature of Debtor 1  ** Date 8/14/2018  ** Date 8/14/2018  ** NATION TO STATE THE PROPERTY OF THE PR   | 14b. Line 12b is more than line  | e 13. On the top of pag<br>orm 122A-2.  | e 1, check box 2, The pres                                    | sumption of abuse is determ  | ined by Form 122A-2.                                |                |
| By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.  ** /s/ Narad Persadsingh*  | Go to Part 3 and fill out Fo   |   |   |  |   |                |
| ★ /s/ Narad Persadsingh     Signature of Debtor 1  Date 8/14/2018  Date 8/14/2018  |  |   |   |  |   |                |
| Date 8/14/2018 Date 8/14/2018  |  |   |   |  |   |                |
| Date 8/14/2018  Date 8/14/2018  Date 8/14/2018   | rt 3: Sign Below   | enalty of perjury that the  | e information on this staten                                  | nent and in any attachments  | is true and correct.                                |                |
| Date 6/14/2016   | By signing here, I declare under pe  | enalty of perjury that the  | ×   | /s/ Mercedes Rampersads  |   | Rempersac      |
|  | By signing here, I declare under pe  | enalty of perjury that the  | ×   | /s/ Mercedes Rampersads  |   | Rempersac      |

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| Debtor 1              |                       | R Middle Name   | Persadsingh<br>Last Name  | Case number (if known)   |
|-----------------------|-----------------------|---|---|--|
|                       | First Nam             | Eill in the amount of your total nonpriorit   | v unsecured debt. If you fille  | ed out A Summary of Your                                       |
| 41.                   | 418.                  | Assets and Liabilities and Certain Statistical  | Information Schedules (Office   | ial Form 106Sum), you  |
|                       |                       | may refer to line 30 on that form   | ga ya kananga da sanaka da sanahara da katabar da sanahara da sanahara da sanahara da sanahara da sanahara da s | x .25  |
|                       | 41b.                  | 25% of your total nonpriority unsecured Multiply line 41a by 0.25   | debt. 11 U.S.C. § 707(b)(2)(A   | (x)(i)(I).   |
| 42.                   | is eno                | nine whether the income you have left ove<br>ugh to pay 25% of your unsecured, nonpri<br>the box that applies:                    | ority debt.   |  |
|                       | <b>-</b> G            | ne 39d is less than line 41b. On the top of pot of Part 5.  |   |  |
|                       | Li                    | ne 39d is equal to or more than line 41b. C<br>abuse. You may fill out Part 4 if you claim sp                                     | In the top of page 1 of this fo<br>ecial circumstances. Then go   | m, check box 2, There is a presumption to Part 5.              |
|                       |                       | etails About Special Circumstances  |   |  |
| 43.Do yo              | ou have<br>onable a   | any special circumstances that justify add<br>ternative? 11 U.S.C. § 707(b)(2)(B).  | litional expenses or adjust   | ments of current monthly income for which there is no          |
| <b>☑</b> <sup>†</sup> | No. Go to             | Part 5.   |   |  |
|                       | res. Fill in<br>for e | n the following information. All figures should ach item. You may include expenses you list                                       | reflect your average monthly<br>ed in line 25.  | expense or income adjustment                                   |
|                       | adju                  | must give a detailed explanation of the specia<br>stments necessary and reasonable. You mus<br>al expenses or income adjustments. | al circumstances that make that talso give your case trustee  | ne expenses or income<br>documentation of your                 |
|                       | Give                  | a detailed explanation of the special circu   | umstances   | Average monthly expense or income adjustment                   |
|                       |                       |   |   |  |
| Part 5:               | Sign B                |   |   |  |
|                       | By sig                | ning here, I declare under penalty of perjury   | that the information on this s  | tatement and in any attachments is true and correct.           |
|                       | _                     | /s/ Narad Persadsingh   |   | Mercedes Rampersadsingh Moule Fample Ashley nature of Debtor 2 |
|                       |                       | Date 8/14/2018 MM/DD/YYYY   | Dat   | e 8/14/2018<br>MM/DD/YYYY                                      |